

Industrial relations

Representativeness of the European social partner organisations: Human health sector



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Research carried out prior to the UK's withdrawal from the European Union on 31 January 2020, and published subsequently, may include data relating to the 28 EU Member States. Following this date, research only takes into account the 27 EU Member States (EU28 minus the UK), unless specified otherwise.

This report presents the results of research conducted largely prior to the outbreak of COVID-19 in Europe in February 2020. For this reason, the results do not fully take account of the outbreak.

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Country codes

AT	Austria	FI	Finland	NL	Netherlands
BE	Belgium	FR	France	PL	Poland
BG	Bulgaria	HR	Croatia	PT	Portugal
CY	Cyprus	HU	Hungary	RO	Romania
CZ	Czechia	IE	Ireland	SE	Sweden
DE	Germany	IT	Italy	SI	Slovenia
DK	Denmark	LT	Lithuania	SK	Slovakia
EE	Estonia	LU	Luxembourg		
EL	Greece	LV	Latvia		
ES	Spain	MT	Malta	UK	United Kingdom

Introduction

This representativeness study aims to identify the relevant national and supranational social partners – that is, the trade unions and employer organisations – in the human health sector, and to show how they relate to the sector’s European-level organisations representing employees and employers. The report includes an overview of the human health systems and labour market specificities, and employment trends in the human health sector; an analysis of the social partner organisations in all 27 EU Member States and the United Kingdom (UK);¹ a review of collective bargaining patterns and social dialogue; and an analysis of the relevant European organisations, in particular, their membership composition and capacity to negotiate.

This introductory section presents the objectives of the study along with an overview of the methodology chosen. The context of this study is the European sectoral social dialogue committee (ESSDC) for the hospital and healthcare sector, which was established in September 2006.

ESSDC for the sector

A formal ESSDC for the hospital and healthcare sector was established in 2006. Before that, informal European social dialogue for the sector had started in 2000. The first social dialogue conference took place in 2000 and the second one in 2002 (Lethbridge 2011, p. 506). As a result of the second conference in 2002, a joint statement was issued in which trade unions and employer organisations committed to setting up a ‘joint representative task force’ for the sector. From the beginning of this informal process, the trade unions were represented at EU level by the European Federation of Public Service Unions (EPSU).

Employers were represented by several European associations until the creation of the European Hospital and Healthcare Employers’ Association (HOSPEEM) in 2005. In the early years of informal social dialogue, between 2000 and 2006, the European Centre of Employers and Enterprises providing Public Services and Services of General Interest (CEEP) and the Council of European Municipalities and Regions’ Employers’ Platform (CEMR-EP) played an essential role. The European Hospital and Healthcare Federation (HOPE) also played a role in promoting social dialogue among its members (Lethbridge 2011, p. 504). As a European organisation, HOPE took an active part in informal social dialogue in the early 1990s. While several European employer organisations played a role at the start of the informal European social dialogue, CEEP has been the only active organisation since 2004. In an informal CEEP meeting in 2004, CEEP launched a process to establish a European employer organisation specifically for the hospital sector. This resulted in the formal establishment of HOSPEEM in September 2005 (Lethbridge 2011, 508).

Since its creation, HOSPEEM has been a sectoral member organisation of CEEP, which is the EU cross-sectoral employer organisation for the public sector. On 29 May 2008, HOSPEEM established a cooperation agreement with HOPE, in which HOPE recognised HOSPEEM as a representative social partner in the hospital sector. HOSPEEM also has overlapping member organisations with the European Union of Private Hospitals (UEHP), which operates as a European business association for

¹ This research was carried out prior to the UK’s withdrawal from the European Union on 31 January 2020 and includes data relating to the 27 current EU Member States and the UK.

private sector hospitals. At the same time, HOSPEEM is clearly a European employer organisation whose member organisations must have the capacity to negotiate collective bargaining agreements. Its membership domain covers both public and private sector hospital employers.

In December 2016, EPSU and HOSPEEM celebrated the 10th anniversary of the ESSDC for the hospital and healthcare sector, remembering their three main achievements over the years. The first and most important achievement was the negotiation of the Framework agreement on the prevention of sharp injuries, which was signed on 17 July 2009 and implemented as Directive 2010/32/EU, in accordance with Article 155 of the Treaty on the Functioning of the European Union (TFEU). The negotiations resulting in this agreement started with a consultation with the European Commission as provided by Article 154 of the TFEU. The European Commission adopted its legislative proposal on 26 October 2009. This was adopted by the Council on 11 May 2010 as Directive 2010/32/EU (European Commission, 2010, p. 44).

Second, EPSU and HOSPEEM have developed several capacity-building projects over the years. The first one was for the newer EU Member States in 2008; another project focused on the Baltic countries in 2011, and the final project was developed in 2019.

The third type of ESSDC activity in the sector relates to working conditions and attractiveness of employment in the sector. In 2009, a project on third-party violence was set up. This resulted in the drafting of guidelines and the development of a framework of actions on recruitment and retention in 2010. In 2013, good practice examples of how to address the challenges of an ageing workforce were gathered. In 2015, the European social partners conducted a project on health and safety. In 2016, a high-level meeting to promote quality jobs in the sector took place. In the same year, the HOSPEEM–EPSU Joint declaration on continuing professional development (CPD) and lifelong learning for all health workers in the EU was adopted.

A complete overview of all ESSDC jointly agreed texts is included in Table 26 of this report. Over the years, the ESSDC for the human health sector has developed an extensive range of activities regarding recruitment and retention, health and safety, CPD and lifelong learning. Quality of care is the common goal for social partners in the ESSDC. They aim to achieve this by facilitating the best possible working conditions and delivering a good service while avoiding staffing and retention problems (Bechter et al, 2018).

Objectives of the study

Representativeness studies are conducted for three reasons.

- European Commission uses the results to establish the representativeness of the social partner organisations consulted under Article 154 of the TFEU.
- Representativeness is an eligibility criterion for setting up or participating in an ESSDC.
- Representativeness studies are a means of assessing whether the European social partners have the capacity to negotiate agreements that can lead to an implementation by Council decision, as provided by Article 155 of the TFEU.

Definitions and methodology

The methodology applied in this study is linked to the criteria identified in the European Commission Decision 98/500/EC: sector-relatedness, membership and organisational capacity. In agreement with

EPSU, HOSPEEM and the European Commission, the human health sector is defined by NACE code 86.

Representativeness

Representativeness is defined by the European Commission Decision on the establishment of Sectoral Social Dialogue Committees promoting the Dialogue between the social partners at European level (98/500/EC) (European Commission, 1998). For an organisation to be recognised as a representative EU-level social partner organisation it must:

- relate to specific sectors or categories and be organised at European level
- consist of organisations that are themselves an integral and recognised part of Member States' social partner structures that have the capacity to negotiate agreements and which are representative of several Member States
- have adequate structures to ensure its effective participation in the work of the ESSDCs

Sector-relatedness

The study first identifies the relevant national social partner organisations in the human health sector before analysing the structure of the sector's relevant European organisations, particularly their membership composition. This involves clarifying the unit of analysis at both the national level and European level of interest representation. The study includes only those organisations whose membership domain is classed as 'human health sector related'. In terms of territorial coverage, the study includes the EU27 and the UK.

Table 1: Demarcation of the human health sector based on NACE codes

NACE code	Corresponding economic activity
86	Human health activities
86.1	Hospital activities
86.21	General medical practice activities
86.22	Specialist medical practice activities
86.23	Dental practice activities
86.9	Other human health activities

Source: NACE (Rev.2)

Initially, HOSPEEM and EPSU requested that the hospital sector would consider only NACE 86.1 and 86.22, while the NACE code activities 86.21, 86.23 and 86.9 would be excluded from the scope of the hospital sector. However, in agreement with the European Commission, the scope of this study includes the human health sector, as hospitals/public hospitals are subsectors of the human health sector. Tables 18 and 23 provide an overview of the parts of the sector covered by the affiliated organisations of EPSU and HOSPEEM.

The membership domains of trade unions and employer organisations can be exactly in line with this demarcation of the sector, which is a type of sector-relatedness known as 'congruence'. If the membership domain of an organisation goes beyond the human health sector as described here, this is known as an 'overlapping membership domain', that is, overlapping with another sector. The membership domain of an organisation is 'sectional' if it covers part of the human health sector (and

nothing else), whereas ‘sectional overlap’ is a type of membership domain which covers part of the human health sector and also membership in other sectors.

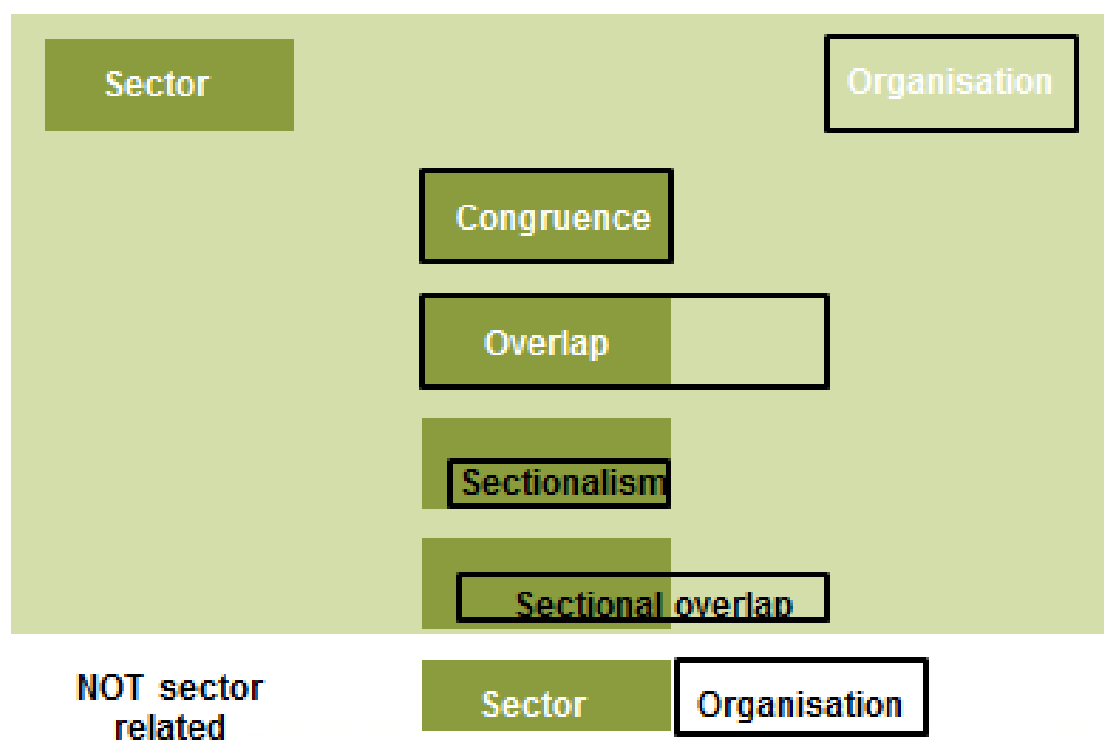
Table 2: Domain patterns for members of an organisation

Domain pattern	Domain of organisation within the sector	Domain of organisation outside the sector
	Does the domain of the trade union/employer organisation cover potentially all employees/companies in the human health sector?	Does the trade union/employer organisation also potentially represent employees/companies outside the human health sector?
Congruence (C)	Yes, the entire sector is covered	No, they have no members in other sectors
Overlap (O)		Yes, they do cover other sectors
Sectionalism (S)	No, this is not the case, the sector is not entirely covered	No, they have no members in other sectors
Sectional overlap (SO)	No, this is not the case	Yes

Source: Eurofound

Figure 1 shows the four types of sector-relatedness graphically.

Figure 1: Four types of sector-relatedness



Source: Eurofound

Membership

Membership constitutes another important aspect of representativeness. Two levels of membership are looked at here: first, the geographical coverage of the EU-level organisations (the Member States in which the EU-level trade union/employer organisation has affiliates) and, second, the

organisational density of the national affiliates. One aspect to be considered is the question of whether the EU-level players organise most, or at least the most influential, national-level players, or whether there are significant gaps.

Membership in a social partner organisation regularly requires the payment of membership fees. However, some organisations are reluctant to inform third parties about such payments. Taking into account limits of transparency, this study does not distinguish between different membership statuses. Where possible, indirect membership is also taken into account.²

Organisational capacity

At EU level, two social partner organisations are involved in the ESSDC for the hospital/human health sector: EPSU and HOSPEEM.

The organisational capacity of the European social partners is analysed in terms of their ability to participate effectively in the ESSDC. Also analysed is their ability to commit themselves on behalf of their members and to conclude actions or binding agreements that can be implemented or monitored EU-wide through the support of their affiliates. To assess their capacity to negotiate, the actors, their objectives and decision-making structures provided in their statutes are considered, as well as the outcome, in terms of texts agreed. The processes through which the organisations obtained mandates, support and approval from their member organisations in the negotiation process are also considered.

The involvement of social partners in national-level collective bargaining is important, as it shows that the affiliates can obtain a mandate to negotiate on behalf of their members. Being able to do so allows them to pass this mandate to the European-level organisation and to implement agreements or other jointly agreed texts autonomously. The capacity to act autonomously is an important factor in contributing effectively to the ESSDC.

Finally, representativeness also depends upon the organisations' structures and resources and their capacity to mobilise the active participation of their members and aggregate the different interests of member organisations as well as their potential to act autonomously at European level. Effective participation in the ESSDC meeting is assessed in terms of presence at the meetings of the ESSDC in the two years before the year of publication of this report. Internal structures within the European organisations to prepare ESSDC meetings can increase efficiency and help to make organisations feel represented, even if they are not participating directly in the meetings.

Data collection and quality control

Representativeness studies combine top-down and bottom-up approaches. In this study, the top-down approach aimed to identify all sector-related affiliates of the European associations EPSU and HOSPEEM. In contrast, the bottom-up approach targeted all other organisations involved in sector-related collective bargaining in the Member States and sought to identify their memberships in European-level organisations. Unless cited otherwise, this study draws on the country studies

² In the case of EPSU, if a union does not pay membership after two years it will cease to be a member. This means that the EPSU membership list is up to date.

provided by the Network of Eurofound Correspondents. Where precise quantitative data could not be obtained, estimates are provided rather than leaving a question unanswered.

Thus, quantitative data may stem from the following sources:

- official statistics and representative surveys
- administrative data, such as membership figures provided by the respective organisations (for example, to calculate density rates)
- estimates, expert opinions and assessments made by the Network of Eurofound Correspondents or representatives of the respective organisations

To ensure the quality of the information gathered, several verification procedures and feedback loops were included in the process of drawing up this study.

First, combining the top-down with the bottom-up approach, information on the affiliates of the relevant EU-level social partners and other sector-related associations was collected from the reports prepared by the Network of Eurofound Correspondents. Subsequently, Eurofound research managers and the authors of this report checked the consistency of the national contributions and, if necessary, asked the national correspondents to revise them. European social partners EPSU and HOSPEEM helped to collect the missing information and were asked to check an overview of the collected information, especially the unclear aspects of this study, in November 2019.

A draft version of this report was presented to EPSU, UNI Europa, CESI, HOSPEEM, CEEP, UEHP and HOPE in February 2020 to allow them and their affiliates to double-check and comment. In addition, the national members of the Eurofound Management Board were invited to check the consistency of the information in this report, to ensure that the bottom-up approach included all relevant sector-related organisations. Further consultations and corrections were made in April and May 2020. The final report, taking into account these comments, was evaluated and approved by written procedure (between 29 May and 19 June 2020) of Eurofound's Advisory Committee on Industrial Relations – which consists of representatives of both sides of industry, governments and the European Commission – in the presence of the European-level sectoral social partners identified in the report. To facilitate the written procedure evaluation, a pre-recorded presentation of the report was provided together with the final draft of the report, and on 17 June an online discussion was organised.

As different social partner organisations can see the reported information of other organisations in the same country and, if necessary, comment on the credibility or correctness of the information of other rival organisations, this process includes an element of mutual control and recognition. The final report, taking into account the comments on the draft report, was then evaluated and approved in a written procedure³ by Eurofound's Advisory Committee on Industrial Relations in the presence of the sectoral social partner organisations identified in the report.

Structure of the report

The report consists of four chapters. Chapter 1 provides a summary of human health systems, labour market specificities and employment trends in the sector. Chapter 2 analyses the relevant social

³ Due to the COVID-19 crisis, no physical evaluation could take place as planned in June 2020.

partner organisations in the 27 EU Member States and the UK, Chapter 3 looks at collective bargaining patterns and social dialogue. Chapter 4 considers the representative associations at European level. There is also a conclusion section, which is based on the findings presented in chapters one to four.

Finally, it is essential to distinguish between the research and political dimensions of this study. While providing data on the representativeness of the organisations under consideration, the report does not decide on whether the representativeness of the European social partner organisations and their national affiliates is sufficient for participation in the European social dialogue. With the information and analyses provided in this report, however, the actors and decision-makers can draw further statements, proclamations or decisions, and develop an action plan for capacity building if necessary.

1. Sectoral characteristics and employment trends

The human health activities sector (86 NACE codes) employed 13,892,900⁴ people in 2018, representing 6.2% of total employment in the EU, according to Eurostat's European Labour Force Survey (EU-LFS). Employment in the human health sector increased by 4% during 2008–2012 (including during the financial crisis) and by 6% during 2013–2018 (Eurostat, EU-LFS, 2019). The share of sectoral employment is higher than the European average (6.2%) in 10 countries: the Nordic Member States (Denmark, Finland and Sweden), most of the central and western countries (Austria, Belgium, France, Germany and the Netherlands) and in Ireland and the UK. The human health sector is currently characterised by a high degree of segmentation in terms of healthcare providers. Apart from public sector bodies at different administrative levels (central, regional or local), there is a range of non-profit institutions and private actors operating in most of the countries (Blomqvist, 2011).

Labour market trends and working conditions at EU level

The human health activities sector employed 13,892,900 people in 2018, representing 6.2% of total employment in the European Union, according to Eurostat's European Labour Force Survey. Five countries (four Member States – Finland, France, Germany and Ireland – and the UK) accounted for a higher proportion than 7% of the national workforce employed in the healthcare sector, while other Member States accounted for approximately 4% of the entire workforce employed in the healthcare sector (Table 3). Hospital activities (NACE 86.1) is the biggest subsector, accounting for 58% of total human health employment in 2018. Medical and dental practice activities (NACE 86.2) and other human health activities (NACE 86.9) accounted for 24% and 18%, respectively, of total human health employment in 2018.

Employment in the human health sector increased in most countries during 2008–2012. It decreased only in Bulgaria, Greece, Lithuania, Romania, Slovenia, Sweden and the UK between 2008 and 2012 (Figure 3). In a general context of falling employment, the number of workers in this sector had been steadily growing and even showed an increase during 2008–2012. Employment in the human health sector increased by 4% during 2008–2012 and by 6% during 2013–2018 (Eurostat, EU-LFS, 2019).

The workforce in the human health sector is dominated by women, who accounted for 76% of the total workforce in 2018 (Figure 5). The proportion of women in employment has remained stable since 2008 (76%). There is also a high proportion of migrant workers, particularly in the care and healthcare sector. Healthcare worker migration is one way in which labour shortages are dealt with when managing the workforce in the sector. Around 40% of workers in the sector were aged 40 or younger in 2018. The share of young workers has decreased since 2008, while the share of workers older than 50 increased from 28% in 2008 to 34% in 2018, reflecting an ageing workforce pattern (Eurostat, EU-LFS, 2019). Education levels are medium or high in the human health sector, with 52% of workers having a high level of education compared to 35% in the EU27 and the UK as a whole

⁴ Hospital employment is disaggregated into for profit/not for profit and public sector.

(Eurostat, EU-LFS, 2019). Self-employment is close to the European average in the human health sector, with 14% being self-employed compared to 13%. The share of self-employment as a proportion of total employment varies sharply between the three main subsectors of human health, being low in hospital activities (1%) and much higher in medical and dental practice activities (23%) and, particularly, in other human health activities (37%) (Eurostat, EU-LFS, 2018 data).

Recent employment trends in the EU27 and the UK

Table 3 shows how the proportion of people employed in the human health sector varies between Member States and the UK. The most significant number of persons in employment in the healthcare sector can be found in Germany. The 2,959,800 persons in employment in the German healthcare sector in 2018 corresponds to 21% of the total healthcare sector workforce in the EU27 and the UK. Together, half of this workforce is thus employed in the five countries with the largest healthcare workforce (Germany, the UK, France, Italy and Spain).

In Table 3, the first column shows the number of persons in employment in 2008 and 2018. The next column shows the change, first in absolute numbers of persons in employment followed by the proportional change between 2008 and 2018. The second-last and last columns show the total number of persons in employment in each country, and the proportion of them employed in the healthcare sector. The percentages for 2018 are visualised in Figure 2.

Table 3: Employment in the healthcare sector in the EU and the UK, 2008 and 2018 (in 000s)

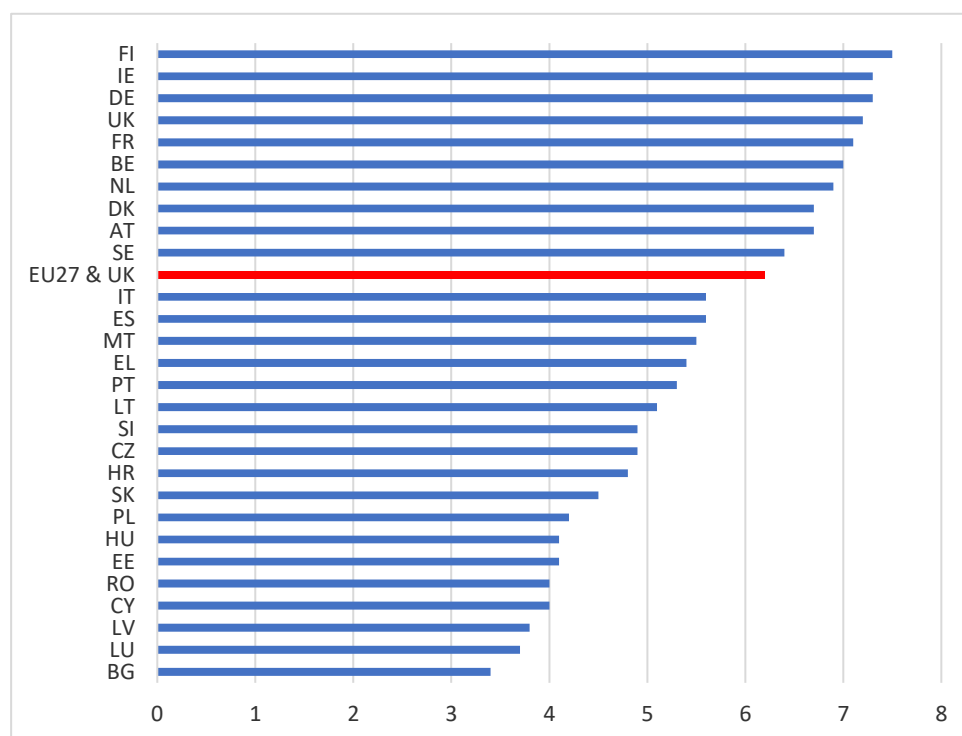
Country	Healthcare sector employment		Change		Proportion of EU sectoral workforce	Total employment		Proportion of total employment (%)	
	2008	2018	in 000s	in %		2008	2018	2008	2018
Germany	2,628.3	2,959.8	331.5	13	21	37,902.3	40,635.7	6.9	7.3
UK	2,098.1	2,239.5	141.4	7	16	28,827.3	31,112.0	7.3	7.2
France	1,694.3	1,901.4	207.1	12	14	25,792.5	26,686.3	6.6	7.1
Italy	1,188.1	1,261.3	73.2	6	9	22,698.6	22,585.7	5.2	5.6
Spain	902.0	1,077.7	175.7	19	8	20,316.5	19,136.3	4.4	5.6
Poland	639.2	674.6	35.4	6	5	15,557.4	16,133.4	4.1	4.2
Netherlands	520.2	593.0	72.8	14	4	8,241.2	8,543.3	6.3	6.9
Romania	292.4	331.4	39	13	2	8,882.2	8,381.8	3.3	4.0
Belgium	285.0	328.0	43	15	2	4,413.7	4,699.4	6.5	7.0
Sweden	311.1	317.1	6	2	2	4,493.8	4,910.2	6.9	6.5
Austria	243.7	282.8	39.1	16	2	3,928.7	4,241.1	6.2	6.7
Czechia	213.1	252.0	38.9	18	2	4,933.5	5,146.8	4.3	4.9
Portugal	180.3	246.7	66.4	37	2	4,785.7	4,615.0	3.8	5.3
Greece	201.5	202.4	0.9	0	1	4,522.9	3,751.1	4.5	5.4
Denmark	172.8	189.4	16.6	10	1	2,751.7	2,739.3	6.3	6.9
Finland	177.0	184.6	7.6	4	1	2,497.2	2,464.8	7.1	7.5
Hungary	165.4	182.9	17.5	11	1	3,818.0	4,410.7	4.3	4.1
Ireland	156.6	159.5	2.9	2	1	2,152.3	2,180.0	7.3	7.3
Slovakia	96.6	114.1	17.5	18	1	2,423.4	2,533.3	4.0	4.5

Country	Healthcare sector employment		Change		Proportion of EU sectoral workforce	Total employment		Proportion of total employment (%)	
	2008	2018	in 000s	in %		2008	2018	2008	2018
Bulgaria	112.3	103.7	-8.6	-8	1	3,306.2	3,068.9	3.4	3.4
Croatia	78.2	79.0	0.8	1	1	1,725.0	1,630.2	4.5	4.8
Lithuania	71.3	67.2	-4.1	-6	0.5	1,396.9	1,323.7	5.1	5.1
Slovenia	39.6	46.8	7.2	18	0.3	975.2	961.9	4.1	4.9
Latvia	34.8	33.3	-1.5	-4	0.2	1,008.8	873.3	3.4	3.8
Estonia	21.4	26.0	4.6	21	0.2	632.2	630.2	3.4	4.1
Cyprus	12.3	15.6	3.3	27	0.1	371.1	389.7	3.3	4.0
Malta	7.1	12.8	5.7	80	0.1	157.7	234.4	4.5	5.5
Luxembourg	8.9	10.3	1.4	16	0.1	201.8	278.4	4.4	3.7
EU27 and the UK	12,551.6	13,892.9	1,341.3	11	100	218,714	224,296.7	5.7	6.2

Source: Eurostat, EU-LFS

As shown in Figure 2, the share is higher than the European average (6.2%) in the Nordic Member States (Denmark, Finland and Sweden), most of the central and western European countries (Austria, Belgium, France, Germany and the Netherlands) and in Ireland and the UK. In southern European countries (Greece, Italy, Portugal and Spain) the proportion of people employed in human health account for around 5% (Greece, Portugal) or 6% (Italy, Spain). The share of sectoral employment is comparatively lower in central and eastern European countries and Balkan countries. In Bulgaria, Croatia, Czechia, Estonia, Hungary, Latvia, Luxembourg, Poland, Romania, Slovakia and Slovenia, sectoral employment fluctuates between 3% and 5%.

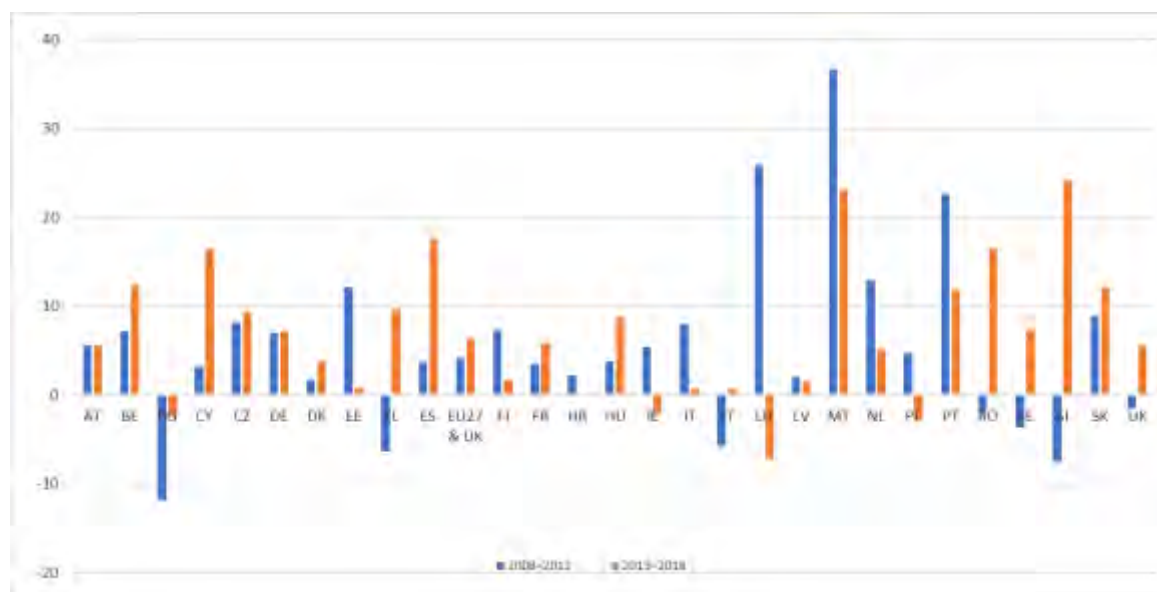
Figure 2: Human health workforce as a proportion of total employment, 2018 (%)



Source: Eurostat, EU-LFS

Sectoral employment has evolved positively, even during the crisis period. However, differences between the Member States are observed. Figure 3 shows the change in employment between 2008 and 2012 and between 2013 and 2018 in human health activities. During 2008–2012, seven countries recorded a drop in sectoral employment: Bulgaria, Greece, Lithuania, Romania, Slovenia, Sweden and the UK. In this period, the highest growth in employment in the human health sector was recorded in Malta, Luxembourg and Portugal (by over 20%). From 2013 to 2018, four countries recorded a decrease in employment: Luxembourg, Poland, Bulgaria and Ireland. The highest employment increase was recorded in Slovenia (24%), Malta (23%) and Spain (18%).

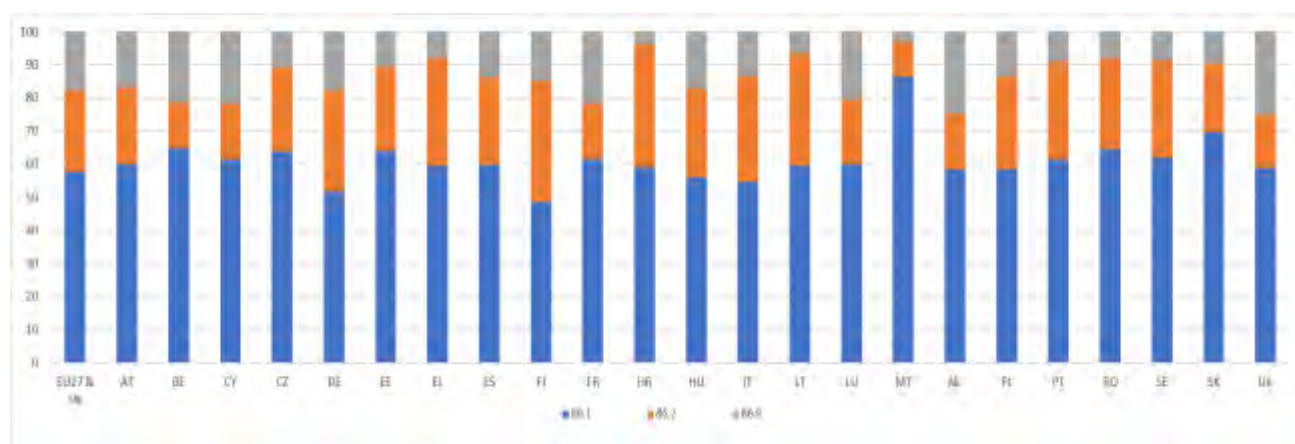
Figure 3: Difference in employment: 2008–2012 (%) and 2013–2018 (%)



Source: Eurostat, EU-LFS

The NACE Rev. 2 (2008) classification separates the human health sector into three main subsectors: hospital activities (86.1), medical and dental practice activities (86.2) and other human health activities (activities of nurses, midwives or physiotherapists, for example, that are not performed by hospitals and by medical doctors) (86.9). As shown in Figure 4, in all the countries hospital activities (86.1) is the biggest subsector, accounting nearly 58% of sectoral employment. While cross-country differences are also observed, these are relatively limited in hospital activities. Malta has the highest share of hospital activities (86%). As opposed to this, the UK has the highest share of other human health activities (25%) and Croatia has the highest share of medical and dental practice activities (37%).

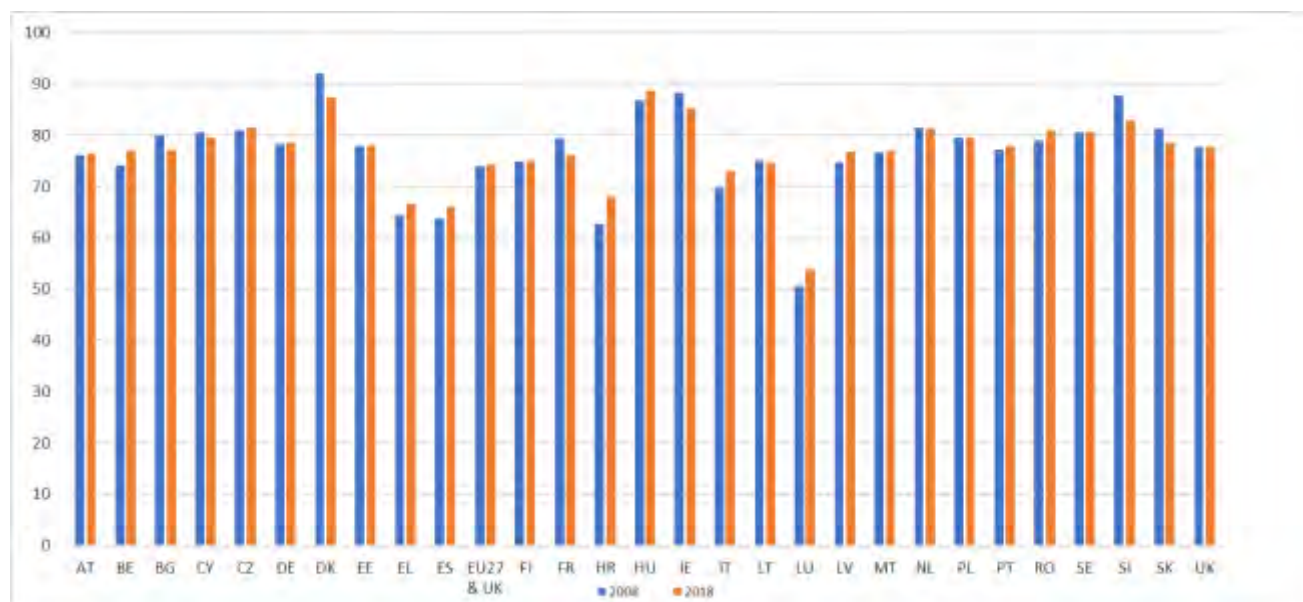
Figure 4: Employment in subsectors in human health, 2018 (%)



Source: Eurostat, EU-LFS

In all EU countries, human health workers are predominantly women. This could be partly explained by the fact that some occupations, such as nursing and those related to personal healthcare activities, are still predominantly held by women in the EU countries (Schulz, 2013). As shown in Figure 5, female employment accounts for less than 70% of total employment in only four countries (Croatia, Greece, Luxembourg and Spain). In most of the countries, the share of female employment remained stable or slightly increased from 2008 to 2018. Male employment has increased in the last decade only in a few countries (Bulgaria, Cyprus, Denmark, France, Ireland, Slovakia and Slovenia).

Figure 5: Female employment as a percentage of total employment, 2008 and 2018

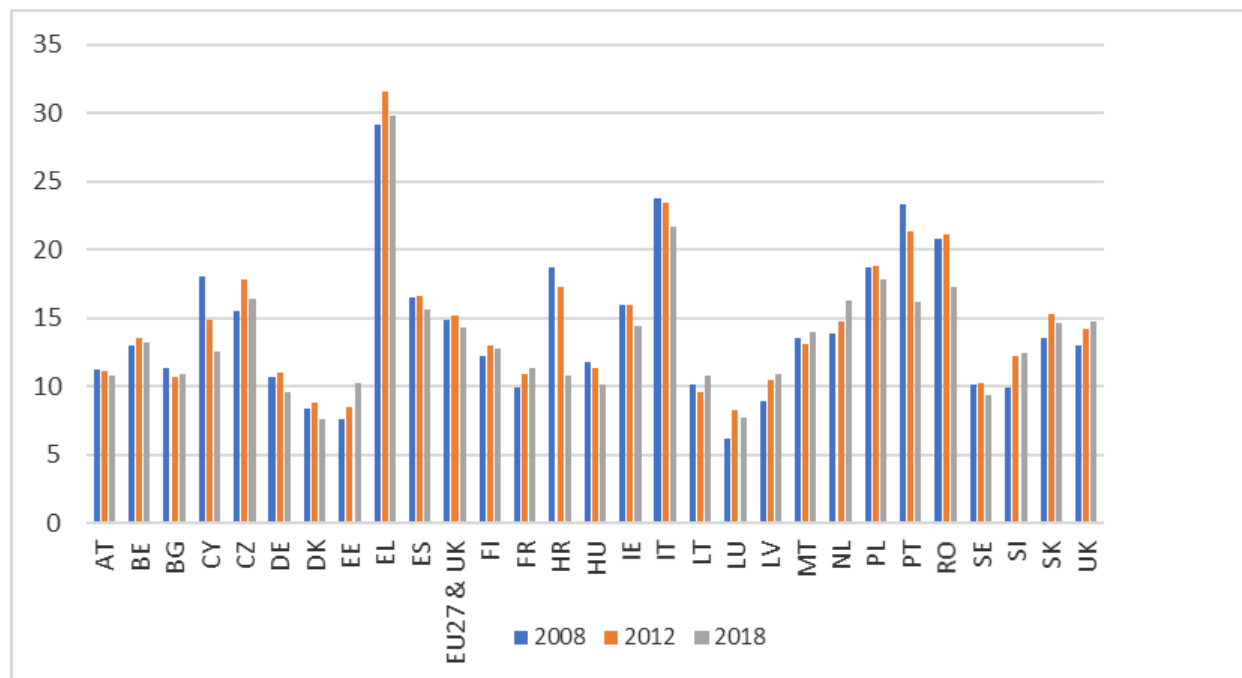


Source: Eurostat, EU-LFS

The proportion of self-employment in the sector varied between the European countries in 2018 (Figure 6). It was higher than 15% in Czechia (16%), Greece (30%), Italy (22%), the Netherlands (16%), Poland (18%), Portugal (16%), Romania (17%) and Spain (16%). It oscillated between 10% and 15% in Austria (11%), Belgium (13%), Bulgaria (11%), Croatia (11%), Cyprus (13%), Estonia (10%), Finland (13%), France (11%), Hungary (10%), Ireland (14%), Latvia (11%), Lithuania (11%), Malta

(14%), Slovakia (15%), Slovenia (12%) and the UK (15%). In the remaining countries (Denmark, Germany, Luxembourg and Sweden), the proportion of self-employment in the sector was lower than 10%. The share of self-employment in the sector has remained stable in most of the countries since 2008.

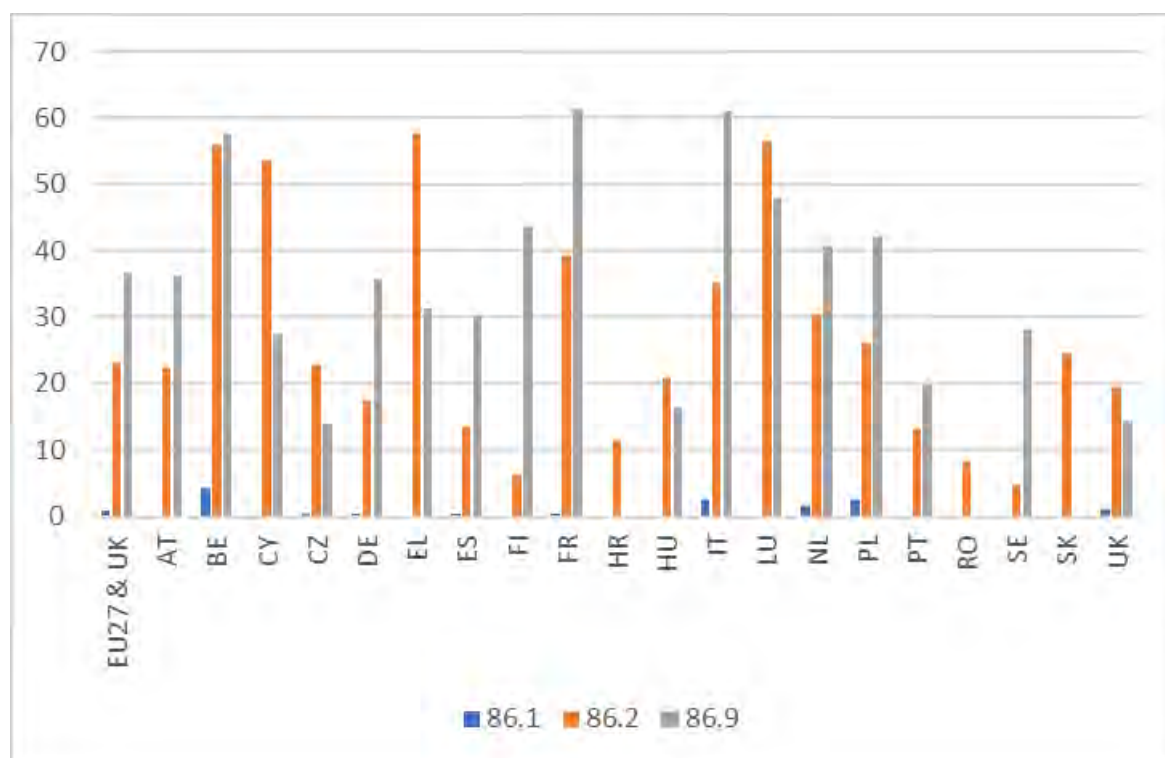
Figure 6: Share of self-employment in 2008, 2012 and 2018 (%)



Source: Eurostat, EU-LFS

The proportion of self-employment varies widely at national level between the three main subsectors. As reflected in Figure 7, self-employment is practically non-existent in the hospital activities subsector. In contrast, the remaining two subsectors record a comparatively high proportion of self-employment in most of the countries. This is because those two sectors include occupations that perform their work outside hospitals, in many cases under civil law contracts. The share of self-employment in medical and dental practice activities is higher than the European average (23.2%) in Belgium, Cyprus, France, Greece, Italy, Luxembourg, the Netherlands, Poland and Slovakia. In other human health activities, the share of self-employment is higher than the European average (36.6%) in Belgium, Finland, France, Italy, Luxembourg, the Netherlands and Poland.

Figure 7: Share of self-employment by subsector, 2018 (%)



Notes: Information not available for Bulgaria, Denmark, Estonia, Ireland, Latvia, Lithuania, Malta and Slovenia. Information not available for subsector 86.1 in Austria, Croatia, Cyprus, Finland, Greece, Hungary, Portugal, Romania, Slovakia and Sweden. Information not available for subsector 86.9 in Greece, Romania and Slovakia.

Source: Eurostat, EU-LFS

Impact of digitalisation and greening on social dialogue in the human health sector

Digitalisation, the use of technology and artificial intelligence, challenges the social partners to engage in closer and deeper social dialogue. Healthcare needs user-friendly, seamless and affordable systems. Systems, applications and instruments need to be designed and tested in close collaboration with workers and users. Digitalisation brings new phenomena, for example, flex work, remote work, and multitasking to different spheres of healthcare. It affects the work itself and can blur and overlap between the workplace, space and working time. The successful development and use of new technologies and digitalisation requires the cooperation, social dialogue and involvement of all partners from the very beginning, not only adaptation by workers.

EPSU and HOSPEEM

EPSU is currently finalising a reflection paper on the impact of the use of artificial intelligence on the healthcare workforce. Further to this, EPSU was recently appointed as a member of the e-health stakeholder group of the European Commission to make proposals on the digital transformation of healthcare in the EU.

EPSU believes that introducing new technologies without tackling the underlying lack of financing and implementing a serious strategy to improve public healthcare in terms of access and quality will exacerbate inequalities and health problems, mainly if e-health opportunities are used to justify de-

funding and continued underinvestment in health services and the health workforce. However, EPSU firmly believes that e-health can play an essential role on the road to fair and universal access to healthcare and can adequately support the work of professionals. At the same time, EPSU addresses the risks stemming from the use of those technologies: while information regarding its potential is abundant, the risks associated with the use of digital technologies in healthcare have scarcely been addressed. EPSU claims that, in order to implement e-health technology successfully and safely, an evaluation of its benefits should be integrated into and complemented with a systematic risk assessment. This means that workers need to be aware of the potential impact on their work and should be in control of technologies, such as artificial intelligence, at all times without being dependent on it.

The issue of the digitalisation of the healthcare sector and the impact of artificial intelligence is currently being addressed by HOSPEEM from an educational angle. It stresses the importance of continuing work-based training as a crucial tool to guarantee that workers have the right skills to face these challenges. Guaranteeing that the health workforce is up to date in adapting to a changing environment is also an integral part of supportive retention strategies. The healthcare sector is currently experiencing a reform of the various health systems and a transition to new care models, centred on people's needs. There is also a shift away from the hospital-centred system to a more community-based and integrated care structure.

HOSPEEM and EPSU believe that digitalisation can support these transformations, but only if properly designed and implemented. As sectoral social partners, they strive to involve healthcare professionals in the design and application of new technologies to guarantee their correct use. Correct use of these technologies is also deemed necessary to ensure the safety of patients and the quality of care delivery.

As stated in the HOSPEEM–EPSU Joint declaration on continuing professional development and lifelong learning for all healthcare workers in the EU, workers should be well trained and well equipped to face the increasing use of new technologies.

EPSU is actively advocating the European Commission's draft Green Deal while stressing that it needs to be accompanied by a just transition strategy for workers and local communities and a more substantial role for public authorities and public services. EPSU joined with more than 250 civil society organisations in monitoring the impact of the provisions of the Energy Charter Treaty. EPSU's critical messages in this regard stress the need for fundamentally different policies, increased public investment and support for a just transition, highlighting the importance of reducing the carbon footprint of hospitals.

Human health system characteristics

In European countries, specialised literature has identified different typologies of health funding and healthcare providers. Typologies focused on healthcare funding are based on the method of collecting funds from insured persons. Three main models have been identified:

- the Bismarck model, which is based on mandatory contributions depending on income (Austria, Germany, Hungary and Romania)
- the Beveridge model, funded by global taxes (Denmark, Spain, Sweden and the UK)
- the private national health insurance model, based on voluntary bonuses (Bulgaria, Cyprus, Greece and Latvia) (Stoica and Bugheanu, 2018)

Alternative classifications have paid attention to the contractual relationships between healthcare service providers and payers. Early analysis distinguished two main models: the public integrated model and the private insurance/provider care model.

The public integrated model implies public financing and public health providers. Under this model, hospitals and clinics are therefore owned by public authorities. The private insurance/provider model refers to private insurance entities that contract private healthcare providers. As health systems have evolved and changed over time, some countries have developed institutional arrangements that do not fit with any of those models. As a result, the literature on comparative health systems has conceptualised a third model, the ‘public contract model’. This model combines public financing, either through taxation or social security funds, with private healthcare providers. Under this model, health services are provided by independent (generally privately owned) hospitals or by independently practising doctors, under contracts with the government (Blomqvist, 2011).

In recent years, liberalisation and privatisation have been key trends in many national healthcare systems. Previous Eurofound studies identified several countries affected by this trend, such as Belgium, Cyprus, Czechia, France, Germany, Greece, Italy, the Netherlands, Poland, Slovenia and Spain (Eurofound, 2011). As a result, several European countries have evolved from public integrated models to public contract models where some or most of the health providers are private organisations (Blomqvist, 2011).

Accordingly, the human health sector is currently characterised by a high degree of segmentation in terms of healthcare providers. Apart from public sector bodies operating at different administrative levels (central, regional or local), a range of non-profit institutions and private actors also operate in most of the countries (Blomqvist, 2011). This has implications for the representation of employers’ interests, which is conditioned by the precise nature of healthcare provision and health funding (Eurofound, 2011). Table 4 describes the predominant ownership type of hospitals (public or private) in the various countries.

Table 4: Predominant ownership type of hospitals in the EU27 and the UK, 2018

Predominant ownership type	Member States and the UK
Member States where the majority of hospital activities are in public ownership	BG, CZ, DK, EE, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, SE, SI, UK
Member States where ownership is close to 50/50 in terms of public or non-public (private and NGO) ownership	EL, ES
Member States where the majority of hospital activities are operated by non-public organisations (private enterprises and NGOs or not-for-profit welfare organisations)	AT, DE, RO
Countries for which this information was not available	BE, CY, SK

Source: National contributions provided by Network of Eurofound Correspondents, 2018

2. National level of interest representation

This chapter presents an overview of the national-level trade unions and employer organisations active in the human health sector.

This study identified a total of 214 sector-related trade unions in the EU27 and the UK and 78 sector-related employer organisations in 20 EU Member States and the UK (Table 5) that meet the criteria to be included in the study. Associations that have been identified but do not meet the criteria to be included in the study (i.e. they must be involved in collective bargaining and affiliated to HOSPEEM) are listed in Table A13 in Annex 2. Organisations specialised in matters other than industrial relations are commonly defined as ‘trade associations’ (Eurofound, 2004). For the purposes of this report, these types of organisations are referred to as ‘business associations’. It can be assumed that all 21 organisations listed in Table A13 in Annex 2 act either primarily or exclusively as business associations in their country.

Table 5: Number of sector-related organisations per country, 2018–2019

Number of sector-related organisations	EU Member States and the UK with the respective number of trade unions	EU Member States and the UK with the respective number of employer organisations
0	-	CY, CZ, EL, HR, HU, MT, PL
1	EL	DK, ES, IE, LT, LU, LV, RO, UK
2	BG, CZ, LU, LV	BG, EE, SI, SK
3	EE, HU, SK	AT
4	HR, RO	FI, IT, SE
5	MT, PL	DE, PT
6	AT, CY, DE, IE, LT, NL	-
7	BE, SI	-
8	ES	NL
+ 9	UK (10), FI (14), SE (16), FR (18), DK (20), PT (21), IT (21)	BE (13), FR (16)

Notes: A total of 21 organisations identified in this study are not included in Tables 5, 9 and 10. This is because they are not involved in collective bargaining and are not affiliated to a European social partner organisation and are therefore considered to be business associations. They are listed in Table A13 in Annex 2, which also shows their sector-relatedness and any affiliations to other European associations.

Source: Authors’ own compilation based on the Network of Eurofound Correspondents’ national contributions, 2018

The study found that no employer organisations in Croatia, Cyprus, Czechia, Greece, Hungary, Malta and Poland met the criteria to be included in the study. As indicated above, Table A13 in Annex 2 also identifies 21 organisations as employer or business organisations that are not considered to be employer organisations for the purpose of this study. Malta has no such organisations at all, while at least one ‘business association’ was found for Croatia, Cyprus, Czechia, Greece, Hungary and Poland.

Of the 21 countries that record at least one employer organisation that meets the criteria to be included, the study found that 1 sector-related employer organisation is recorded in 8 countries, 2 in 4 countries, 3 in 1 country, 4 in 3 countries, 5 in 2 countries, 8 in 1 country, 13 in 1 country and 16 in

1 country. Thus, in 13 countries, there is some fragmentation in the sense that at least two organisations exist in the sector. The largest number of employer organisations is found in Belgium, France and the Netherlands. In Belgium, the high number of employer organisations partly reflects the regional structure of the country. In the Netherlands, high fragmentation is explained by the fact that health provision is mostly private, and several organisations cover different subsectors (hospital activities, general medical practice activities) and institutions (hospitals, medical university centres).

On the trade union side, all the countries except one (Greece) record more than one trade union. The study found that 4 countries record 2 sector-related trade unions, 3 countries record 3 trade unions, 2 countries record 4 trade unions, 2 countries record 5 trade unions and 16 countries record more than 5 trade unions. The trade union landscape, therefore, is more fragmented than the employer organisation landscape. This is due either to specific social and political developments in the country's trade union movement or a high level of specialisation in specific subsectors and occupations. The largest number of trade unions is found in Denmark, Finland, France, Italy, Portugal, Sweden and the UK.

Trade unions

Sector-relatedness of trade unions

Tables 6A and 6B show the domain patterns of the trade unions within the human health sector. The green shading shows where the trade union domain covers the different subsectors and the grey shading shows where the trade union domain does not cover the subsectors. The domain of a trade union within the sector tends to overlap with another trade union in the case of those countries with a pluralist trade union landscape. This shows that the trade union landscape is fragmented in the 27 countries with more than 1 trade union in the human health sector. However, it is worth mentioning that in some countries (particularly in the Nordic countries – Denmark, Finland and Sweden), fragmentation occurs to a minimal extent and only affects a few trade unions because, although they cover the same activities (generally hospital activities), each of the trade unions covers different categories of workers (nurses, doctors, physiotherapists, dentists).

In terms of the specific features of the trade unions' domains within the sector, it is observed that 72 trade unions out of 201 (36%) for which information is available cover the entire sector, as defined in this study, or most of the sector, just excluding some categories or professions. Moreover, it is observed that 182 out of 201 trade unions for which information is available organise the hospital subsector (NACE 86.1). In the 27 EU Member States and the UK, at least one trade union covers the hospital subsector. General medical practice activities (NACE 86.21) are covered by 110 trade unions (in 25 countries, not in Bulgaria, Greece and Italy); specialist medical practice activities (NACE 86.22) are covered by 120 trade unions (in 28 countries); dental practice activities (NACE 86.23) are covered by 85 trade unions (in 24 countries, not in CZ, EL, IE and SK); and other human health activities (NACE 86.9) are covered by 152 trade unions (in 27 countries, not in Czechia).

The study finds that there is at least one trade union in 18 countries that covers a comprehensive domain in the sector, covering all the diverse activities defined in this study. In Bulgaria, Czechia, Greece, Hungary, Ireland, Italy, Malta, Poland, Romania and Slovakia, there is not any one trade union that covers the whole sector as it is defined in this study.

Attention should also be drawn to the fact that the trade union identified in Greece does not organise the subsectors of general medical practice activities (NACE 86.21) or dental practice activities (NACE 86.23). The trade unions identified in Bulgaria and Italy do not organise general medical practice activities; the trade unions identified in Ireland and Slovakia do not organise dental practice activities while the trade unions identified in Czechia do not organise dental practice or other human health activities.

Table 6A: Sector coverage of trade unions in the human health sector, EU 27 and the UK, 2018

EU27 and the UK	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health
Total trade unions – 214	185	116	126	91	159
% of all trade unions	86%	54%	58%	42%	74%
Number of countries	28	25	28	24	27
Number of trade unions not covering these activities (in number of Member States and UK)	21 (9 Member States)	89 (23 Member States and UK)	78 (21 Member States and UK)	111 (23 Member States and UK)	45 (18 Member States and UK)

Table 7B: Sector coverage and European affiliations of trade unions in the human health sector, by country, 2018

Country	Trade union	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health	European affiliates
AT	ÖÄK						AEMH, CEOM, CPME, EFMA/WHO, FEMS, EJD, UEMO, UEMS, WMA
	GPA-djp						EPSU, UNI Europa
	Vida						EPSU, UNI Europa
	Younion						EPSU, UNI Europa ⁵
	VAAÖ						EPSU, EPHEU
	GÖD-FCG/GÖD-FSG ⁶						CESI via Eurofedop, EPSU

⁵ Younion is affiliated to EPSU and UNI Europa. Younion reported via EPSU that its membership in UNI Europa only represents members in its UNI MEI division (the division that represents workers in the arts, culture, media and public service broadcasting sector).

⁶ The Austrian trade union GÖD has a Christian section (FCG) and a social democratic section (FSG). The Christian section (FCG) is affiliated to CESI (via Eurofedop), while the social democratic section (FSG) is affiliated to EPSU. GÖD covers all parts of the sector.

Country	Trade union	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health	European affiliates
BE	ACLVB/CGSLB						EVV, UNI Europa
	CNE-Non-Marchand						EPSU, UNI Europa
	ACV Openbare Diensten/CSC Services publics						EPSU, UNI Europa
	ACOD-CGSP						EPSU
	BBTK-SETCa						EPSU, UNI Europa
	LBC-NVK						EPSU, UNI Europa
	VSOA LRB						EPSU
BG	FTU-HS						EPSU
	MF-PODKREPA						EPSU
CY	PASYNO						EPSU
	PASEY-PEO						
	SEBETTYK-PEO						
	OYIK-SEK						Uni Europa
	PASYDY						EPSU
	PASYEK-PEO						
CZ	OSZSP ČR						EPSU
	LOK-SČL						FEMS
DE	ver.di						EPSU, UNI Europa
	MB						EPSU
	VmF						
	DHV						CESI via CGB
	dbb						CESI
	GÖD						CESI via CGB
DK	YL						
	PLO						
	FAS						
	DSR						EPSU
	TF						
	ATO						
	Danske Fysioterapeuter						
	DKF						
	DP						
	Pharmadanmark						
	Farmakonomforeningen						EAPT
	DJØF						

Country	Trade union	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health	European affiliates
	DBIO						EPSU
	Danish Diet & Nutrition Association						
	Danish Association of Midwives						
	3F						EPSU
	HK						EPSU
	TL						EPSU
	FOA						EPSU
	SL						EPSU
EE	EAL						CPME, UEMS
	EÖL						European Federation of Nurses Associations
	ETK						ETUC
EL	POEDIN						EPSU
ES	FSS-CCOO						EPSU, UNI Europa
	FeSP-UGT						EPSU
	SATSE						CESI
	CSIF						CESI
	ELA						
	CIG						
	USO						
	SAE						CESI
FI	Tehy						EPSU
	SuPer						EPSU
	SLL						CPME, UEMO, UEMS, WMA
	SHL						CED
	JHL						EPSU
	SPTL						CPLOL
	STHL						
	SF						Confederation for Physical Therapy, ER-WCPT
	Suomen Toimintaterapeutit						COTEC
	STTHL						FOHNEU, ICOH, Nordsam
	Jyty						EPSU

Country	Trade union	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health	European affiliates
	Pro						EPSU, UNI Europa via UNICARE
	Finnish Psychological Association						EFPA
	ERTO						
FR	CGT Santé Sociaux						EPSU
	FO Santé Sociaux/SPS FO						EPSU, UNI Europa
	CFDT Santé Sociaux						EPSU
	SUD Santé Sociaux						
	UNSA Santé Sociaux						EPSU
	CFTC Santé Sociaux						
	CFE-CGC						CEC European Managers, FP CGC is a member of CESI
	SNPST						
	CGTG						
	UGTG						
	Fédération FO Pharmacie						
	FNAS-FO						
	FEC-FO						
	FNIC CGT						
	Fédération CGT des personnels des organismes sociaux						
	SNISPAD						
FA-FPH						CESI via FA-FP ⁷	
UFAS (FGAF)						CESI via FGAF	
HR	SZH						
	HLS						
	SSZSSH						

⁷ Fédération Autonome de la Fonction Publique (FA-FP) is a member of CESI. It has three sections: FA-FPT, FA-FPE and FA-FPH. FA-FPH organises members in the healthcare sector. FPH stands for Fonction Publique Hospitalière.

Country	Trade union	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health	European affiliates
	HSSMS-MT						EPSU
HU	MKKSZ						CESI
	MSZ EDDSZ						EPSU
	MÖSZ						
IE	INMO						EPSU
	SIPTU						EPSU, UNI Europa
	Fórsa						EPSU
	IMO						EPSU
	Unite						EPSU (Unite Ireland is part of Unite UK)
	PNA						
IT	FP-CGIL						EPSU
	FP-CISL						EPSU
	FPL-UIL						EPSU
	Nursing Up						
	NurSind						
	FSI-Sanità						FSI
	Fials						CESI via Confasal
	UGL Sanità						CESI via Eurofedop
	CIVEMP						
	FESMED						
	CIMO-ASMD						FEMS
	ANAAO ASSOMED						FEMS
	ANPO						FEMS
	CONFEDIR SANITA						CESI via CISAL
	CIMOP						
	SIDir.S.S.						
	Si.Na.Fo.						
	CISAL-FPC						CESI
	FILCAMS CGIL						UNI Europa
	Fisacat Cisl						UNI Europa
UILTuCS						UNI Europa	
LT	LSADPS						EPSU
	LSSO						
	MJDPS 'Solidarumas'						
	LGS						CPME, UEMS
	LSAPSF						

Country	Trade union	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health	European affiliates
	LMDPS						
LU	OGB-L						EPhEU, EPSU, UNI Europa
	LCGB						
LV	LVSADA						EPSU
	LĀADA						CESI
MT	UHM						CESI via Eurofedop
	GWU						EPSU
	MUMN						European Federation of Nurses Associations, European Midwives Association, Commonwealth Nurses and Midwives Federation
	MAM						UEMS, CP, EFMA, PWG, UEMO
	MCP						
NL	FNV Zorg & Welzijn						EPSU
	NU '91						EPSU
	CNV Zorg & Welzijn						CESI via CNV Connectief
	NVDA						
	FBZ						
	NvvPO						
PL	FZZOZIPS						EPSU
	SOZ NSZZ Solidarność						
	OZZPiP						EPSU
	OZZL						FEMS
	KP OPZZ						UNI Europa
PT	SINTAP						EPSU
	STAL						EPSU
	STE						EPSU, FEMS
	SIM						FEMS
	SEP						EPSU
	FNSTFPS						
	SINDITE						
	SE						
	SIPE						
SINDEPOR							

Country	Trade union	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health	European affiliates
	SERAM						
	SIFAP						
	FEPCES						
	FETESE						UNI Europa
	FESAHT						
	SNP						
	STSSSS						
	STSS						
	ASPAS						
	SITAS						
	FNAM						FEMS
RO	Hipocrat						EPSU, UNI Europa
	Solidaritatea Sanitara						CESI via Eurofedop
	Sanitas						EPSU, ETUC
	Uniunea TESA Sanatate /CSN Meridian						CESI via CSN Meridian
SE	Kommunal						EPSU
	Förbundet Sveriges Arbetsterapeuter						
	Psykologförbundet						EFPA, EAWOP
	Fysioterapeuterna						WCPT
	Sveriges Farmaceutförbundet						
	Tandläkarförbundet						
	Vårdförbundet						EPSU, EMA, EPBS, EFRS, EFN
	Ledarna						
	Läkarförbundet						
	Unionen						UNI Europa
	Vision						EPSU
	Akademikerförbundet SSR						EPSU
	SRAT						
	Akavia						
Naturvetarna							

Country	Trade union	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health	European affiliates
	Sveriges Ingenjörer						UNI Europa
SI	FIDES						FEMS
	SZSVS						
	SZSSS						
	SDZNS						CESI via Eurofedop
	SZS PERGAM						EPSU
	DENS						
	PRAKTIK.UM						
SK	SOZ ZaSS						EPSU
	LOZ						FEMS
	OZ SaPA						
UK	UNISON						EPSU
	Unite						EPSU
	BMA						
	RCN						EPSU
	RCM						EPSU
	GMB						EPSU, UNI Europa
	BOS TU						
	BDA						TUC
	SOR						
	MiP						

Note: Trade unions that are affiliated to EPSU are marked in bold. Key to shading is as follows:

	The domain covers the entire subsector.
	The domain partially covers the subsector (i.e. it does not cover all occupations, all forms and sizes of enterprise or all regions of the country).
	The domain does not cover the subsector.
	Information not available.

Once trade union domain patterns within the human health sector have been analysed, the report then assesses trade union domains by classifying them according to the four patterns of sector-relatedness explained in the methodology section.

Information on domain coverage is available for 200 out of 214 trade unions. In this regard, attention should be drawn to the fact that there are only two trade unions (MJDPS 'Solidarumas' in Lithuania and FBZ in the Netherlands – 1% of the trade unions for which information is available) that demarcate their domain in a way that is **congruent** with the sectoral definition. This implies that statistical definitions of business activities in the sector differ from the lines along which employees identify their interests.

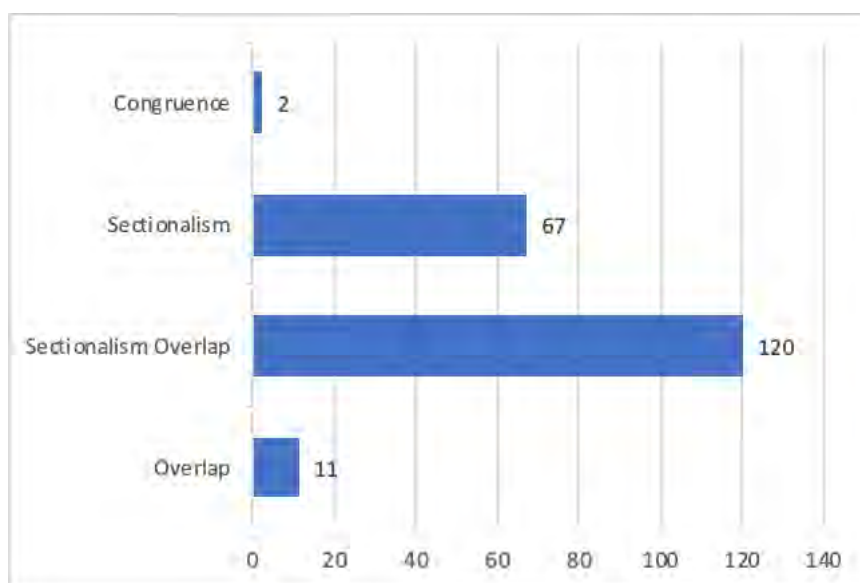
The **sectional overlap** is the most widespread domain. It occurs in 120 cases (60% of the trade unions for which information is available). It is explained by three different domain demarcations.

- First, it occurs as a result of unions' demarcations that cover only particular subsectors (or only the private human health sector) but also activities outside human health, such as local and regional government (VSOA LRB in Belgium), most of the private economic activities (PASEY-PEO in Cyprus), retail, insurance and transport (DHV in Germany), ministries, public non-economic bodies, agencies (FP-CGIL in Italy) or social services (MUMN in Malta and FZZOZiPS in Poland).
- Second, it occurs because of trade unions' demarcations that cover some occupations exclusively, such as medical-social care (MF-PODKREPA in Bulgaria), medical doctors (YL and PLO in Denmark), medical laboratory technicians (DBIO in Denmark), nurses, healthcare professionals and social workers (Tehy and SuPer in Finland, NU '91 in the Netherlands), occupational therapists (Suomen Toimintaterapeutit in Finland), nurses and technicians (HSSMS-MT in Croatia), pharmaceutical workers (SIFAP in Portugal) or psychologists (Psykologförbundet in Sweden), and other activities outside the sector, such as the pharmaceutical industry (YL in Denmark), food production industry (DBIO in Denmark) or social services (Tehy, SuPer, Suomen Toimintaterapeutit in Finland, HSSMS-MT in Croatia, NU '91 in the Netherlands and Psykologförbundet in Sweden).
- Third, it is the result of trade unions that only affiliate employees and cover activities where self-employment is widespread (VIDA in Austria, ACLVB/CGSLB and ACOD-CGSP in Belgium, CGT Santé Sociaux, SUD Santé Sociaux, UNSA Santé Sociaux and CFTC Santé Sociaux in France), as well as other activities beyond human health activities.

Sectionalism is recorded in 67 cases (34% of the trade unions for which information is available). It is explained by a domain demarcation that only covers some specific activities within the human health activities sector. This is the case when trade unions' domain demarcations cover some categories of workers exclusively. Examples include medical doctors (LOK-SČL in Czechia, MB in Germany, LGS in Lithuania, OZZL in Poland, SIM in Portugal and BMA in the UK), medical occupations (VmF in Germany and CIVEMP, FESMED and CIMO-ASMD in Italy), dentists (TF in Denmark, SHL in Finland, DENS in Slovenia and Tandläkarförbundet in Sweden), psychologists (DP in Denmark), nurses and other medical occupations such as midwives or physiotherapists (SZH in Croatia, DSR in Denmark, STHL in Finland, INMO in Ireland, OZZPiP in Poland, SEP in Portugal and SATSE in Spain), physiotherapists (SF in Finland), ambulance drivers, doctors and nurses (MÖSZ in Hungary) and pharmacists (Tandläkarförbundet in Sweden). It also occurs when trade unions cover only specific subsectors, such as hospital activities, specialist medical practice activities and other human health activities (POEDIN in Greece), hospital activities and other human health activities (FSI-Sanità and UGL Sanità in Italy) or other human health activities (LSAPSF in Lithuania).

Finally, **overlapping** is recorded in 11 cases (5% of the trade unions for which information is available). This occurs when trade unions' demarcations cover the whole sector, including all the activities, categories and regions, and activities beyond the human health sector. Other activities covered are social welfare (SZSSH in Croatia, Health and OGB-L in Luxembourg), social care activities (LCGB in Luxembourg and SZSVS and SZSSS in Slovenia) and the pharmaceutical sector (LSADPS in Lithuania). In two cases, trade unions have a cross-sectoral domain (ver.di in Germany and UNISON in the UK).

Figure 8: Domain coverage of trade unions in the human health sector, 2018



Note: $n = 200$.

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

Membership figures and organisational strength within the sector

The number of active trade union members in the sector differs widely, ranging from 450,000 (UNISON in the UK) to 76 (PASEY-PEO in Cyprus). This considerable variation reflects differences in the size of the economy and the comprehensiveness of the membership domain rather than the ability to recruit members. Density is therefore a more appropriate measure of membership strength for comparative analysis. When looking at sectoral density, it is essential to differentiate between the trade unions' sectoral density and their domain density. The domain or overall density must be higher than the sectoral density if a trade union organises a particular part of the sector – that is, where the trade union's membership domain is sectionalist – and equally, if a trade union organises the whole sector as it is defined in this study, that is, where the trade union's membership domain is congruent. In this study, we look only at sectoral density. Sectoral density rates are available for 63% of the sector-related trade unions covered (135 out of 214 cases). Statistics show that:

- 4 trade unions claim to represent more than 30% of the sector's employees
- 9 trade unions claim to represent between 20 and 30% of the sector's employees
- 21 trade unions claim to represent between 10 and 19% of the sector's employees
- 101 trade unions report a sectoral density rate of less than 10% of employees

These figures indicate that low sectoral densities prevail in the sector, since 75% of the organisations for which information is available report a density lower than 10%. However, it is worth noting that 186 trade unions out of the 192 for which information is available report that they are considered representative at national sectoral level either because they fulfil the legal criteria or by virtue of mutual recognition.

Trade union involvement in collective bargaining and social dialogue

The involvement of trade unions in collective bargaining and social dialogue is a crucial indicator in measuring their relevance. By being involved in sector-related collective bargaining, trade unions take part in rulemaking processes leading to joint regulation of employment terms and conditions for employees. Trade union involvement in collective bargaining and social dialogue is of great interest in this study, bearing in mind that European sectoral social dialogue, particularly some of its outcomes (namely the 'autonomous agreements'), rely on the ability of the national affiliates of the European organisations to regulate employment terms and influence national public policies affecting the sector (Perin and Léonard, 2011; Marginson and Keune, 2012).

The study found that there are seven trade unions which are not involved in sector-related collective bargaining (Younion in Austria, FA-FPH and UFAS/FGAF in France, POEDIN in Greece, SZH in Croatia, MKKSZ in Hungary, STAL in Portugal and Uniunea TESA Sanatate⁸ in Romania). Moreover, GÖD in Austria is not involved in 'normal' collective bargaining in the sector, although it does negotiate on wages in a way that is analogous to all other unions in the sector (for the private law segment of the sector). This is considered to be the functional equivalent of sectoral bargaining. In line with the methodological criteria followed in the study, these trade unions are included because they are affiliated to EPSU or CESI. All members of UNI Europa are involved in collective bargaining in the remaining countries; at least one trade union is involved in collective bargaining in the human health sector. No information was available on Akavia, Naturvetarna and Sveriges Ingenjörer in Sweden.

Collective bargaining can be carried out at a centralised or sectoral level, covering the whole sector or a branch of activity at national or regional level (for instance, hospital activities) or company level, covering only a company or group of companies. There is information available for 204 of the 214 trade unions in terms of their involvement in collective bargaining. In the human health sector, there are 17 trade unions involved only in company bargaining (8%); 104 trade unions involved exclusively in sectoral bargaining (51%); 77 trade unions involved in both company and sectoral bargaining (38%); and 6 trade unions not involved in collective bargaining (3%). This strongly depends on the prevalent collective bargaining structure existing in the country and sector. Thus, in countries where collective bargaining is entirely decentralised in the human health sector (Poland and Czechia), trade unions are only involved in company bargaining. Precise information on the sectoral collective bargaining structure existing in each country is provided in the next chapter.

⁸ In Romania, Uniunea TESA Sanatate is affiliated to CSN Meridian, which is involved in sector-related collective bargaining.

Table 8: Collective bargaining of trade unions, 2018 (%)

Country	Trade union	Sectoral collective bargaining	Company collective bargaining	Collective bargaining coverage in the sector (%)
AT	ÖÄK	X		95–100
	GPA-djp	X	X	
	Vida	X	X	
	Younion			
	VAAÖ	X		
	GÖD-FSG/GÖD-FCG ⁹	X		
BE	ACLVB/CGSLB	X	X	100
	CNE-Non-Marchand	X	X	
	CSC Services publics	X	X	
	ACOD-CGSP	X	X	
	BBTK-SETCa	X	X	
	LBC-NVK	X	X	
	VSOA LRB	X	X	
BG	FTU-HS	X	X	30
	MF-PODKREPA	X	X	
CY	PASYNO		X	55
	PASEY-PEO		X	
	SEBETTYK-PEO	X	X	
	OYIK-SEK	X	X	
	PASYDY		X	
	PASYEK-PEO		X	
CZ	OSZSP ČR	X	X	45
	LOK-SČL	X	X	
DE	ver.di	X	X	47 (sectoral), 13 (company) (health and education); 56 of employees and 43 of companies (healthcare and social services)
	MB	X	X	
	VmF	X	X	
	DHV	X	X	
	dbb	X	X	
	GÖD		X	
DK	YL	X		99
	PLO	X		
	FAS	X		
	DSR	X		
	TF	X		

⁹ The Austrian trade union GÖD has a Christian section (FCG) and a social democratic section (FSG). The Christian section (FCG) is affiliated to CESI (via Eurofedop), while the social democratic section (FSG) is affiliated to EPSU. GÖD covers all parts of the sector.

Country	Trade union	Sectoral collective bargaining	Company collective bargaining	Collective bargaining coverage in the sector (%)
	ATO	X		
	Danske Fysioterapeuter	X		
	DKF	X		
	DP	X		
	Pharmadanmark	X	X	
	Farmakonomforeningen	X	X	
	DJØF	X		
	DBIO	X		
	Danish Diet & Nutrition Association	X	X	
	Danish Association of Midwives	X		
	3F	X		
	HK	X		
	TL	X		
	FOA	X		
SL	X			
EE	EAL	X		74
	EÖL	X	X	
	ETK	X	X	
EL	POEDIN			0
ES	FSS-CCOO	X	X	100
	FeSP-UGT	X	X	
	SATSE	X	X	
	CSIF	X	X	
	ELA	X		
	CIG	X		
	USO	X		
	SAE ¹⁰	X	X	
FI	Tehy	X	X	100
	SuPer	X	X	
	SLL	X	X	
	SHL	X	X	
	JHL	X	X	
	SPTL	X	X	
	STHL	X	X	

¹⁰ In Spain, SAE is involved in collective bargaining under the name of USAE. It is, however, the same trade union SAE.

Country	Trade union	Sectoral collective bargaining	Company collective bargaining	Collective bargaining coverage in the sector (%)
	SF	X		
	Suomen Toimintaterapeutit	X		
	STTHL	X		
	Jyty	X		
	Pro	X		
	Finnish Psychological Association	X	X	
	ERTO	X	X	
FR	CGT Santé Sociaux	X	X	100
	FO Santé Sociaux/SPS FO	X	X	
	CFDT Santé Sociaux	X	X	
	SUD Santé Sociaux	X	X	
	UNSA Santé Sociaux	X	X	
	CFTC Santé Sociaux		X	
	CFE-CGC	X	X	
	SNPST	X	X	
	CGTG	X	X	
	UGTG	X	X	
	Fédération FO Pharmacie	X	X	
	FNAS-FO	X	X	
	FEC-FO	X	X	
	FNIC CGT	X	X	
	Fédération CGT des personnels des organismes sociaux	X	X	
	SNISPAD	X	X	
	FA-FPH ¹¹			
UFAS (FGAF)				
HR	SZH			89
	HLS	X		
	SSZSSH	X	X	
	HSSMS-MT	X	X	
HU	MKKSZ			63
	MSZ EDDSZ	X		
	MÖSZ		X	

¹¹ CESI indicates that its member FA-FPH is not yet representative at national level and can therefore not participate in national-level collective bargaining. However, it can be representative at local level in some regions and participate in private sector collective bargaining.

Country	Trade union	Sectoral collective bargaining	Company collective bargaining	Collective bargaining coverage in the sector (%)
IE	INMO	X		74
	SIPTU	X	X	
	Fórsa	X		
	IMO	X		
	Unite	X		
	PNA	X		
IT	FP-CGIL	X	X	100 in the public healthcare sector Approximately 70–80 in the private sector
	FP-CISL	X	X	
	FPL-UIL	X	X	
	Nursing Up	X	X	
	NurSind	X		
	FSI-Sanità	X		
	Fials	X		
	UGL Sanità	X		
	CIVEMP	X		
	FESMED	X		
	CIMO-ASMD	X		
	ANAAO ASSOMED	X		
	ANPO	X		
	CONFEDIR SANITA	X		
	CIMOP	X		
	SIDir.S.S.	X		
	Si.Na.Fo.	X		
	CISAL-FPC	X		
	FILCAMS CGIL	X		
	Fisacat Cisl	X		
UILTuCS	X			
LT	LSADPS	X		60–70
	LSSO	X		
	MJDPS ‘Solidarumas’	X		
	LGS	X		
	LSAPSF	X		
	LMDPS	X	X	
LU	OGB-L	X		100
	LCGB	X		
LV	LVSADA	X	X	58
	LĀADA	X	X	
MT	UHM		X	80–100
	GWU		X	
	MUMN	X		

Country	Trade union	Sectoral collective bargaining	Company collective bargaining	Collective bargaining coverage in the sector (%)
	MAM	X		
	MCP		X	
NL	FNV Zorg & Welzijn	X		100 (public sector)
	NU '91	X		
	CNV Zorg & Welzijn	X		
	NVDA	X	X	
	FBZ	X		
	NVvPO	X		
PL	FZZOziPS		X	2
	SOZ NSZZ Solidarność		X	
	OZZPiP		X	
	OZZL		X	
	KP OPZZ		X	
PT	SINTAP		X	16
	STAL			
	STE		X	
	SIM	X		
	SEP	X	X	
	FNSTFPS	X		
	SINDITE	X	X	
	SE	X		
	SIPE	X		
	SINDEPOR	X		
	SERAM	X	X	
	SIFAP	X	X	
	FEPCEs	X	X	
	FETESE	X		
	FESAHT	X	X	
	SNP	X		
	STSSSS	X		
	STSS	X	X	
	ASPAS	X		
	SITAS	X		
FNAM		X		
RO	Hipocrat	X	X	n/a
	Solidaritatea Sanitara	X	X	
	Sanitas	X	X	

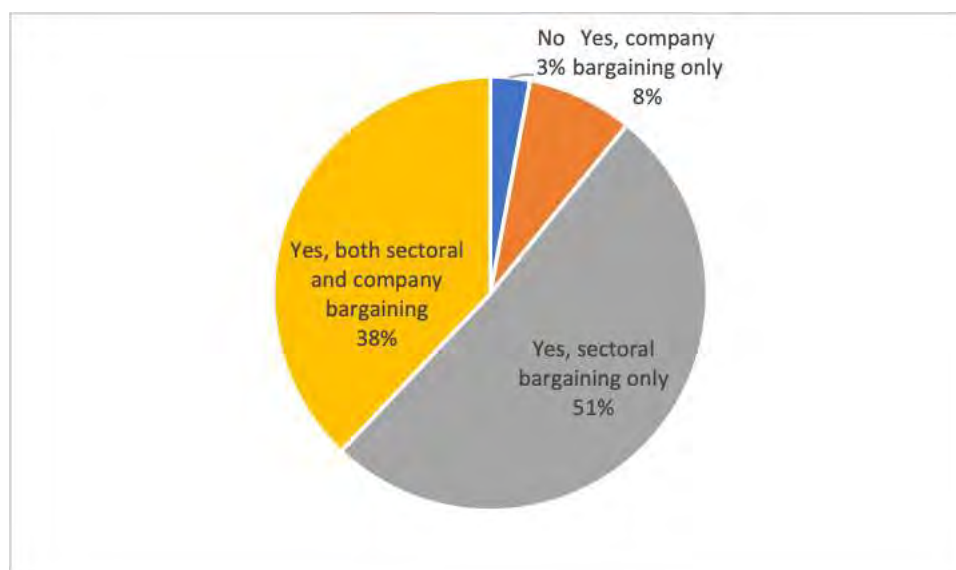
Country	Trade union	Sectoral collective bargaining	Company collective bargaining	Collective bargaining coverage in the sector (%)
	Uniunea TESA Sanatate/CSN Meridian ¹²	X	X	
SE	Kommunal	X		94
	Förbundet Sveriges Arbetsterapeuter	X		
	Psykologförbundet	X		
	Fysioterapeuterna	X		
	Sveriges Farmaceutförbund	X		
	Tandläkarförbundet	X		
	Vårdförbundet	X		
	Ledarna	X		
	Läkarförbundet	X		
	Unionen	X		
	Vision	X		
	Akademikerförbundet SSR	X		
	SRAT	X		
	Akavia			
	Naturvetarna			
Sveriges Ingenjörer				
SI	FIDES	X		100
	SZSVS	X		
	SZSSS	X		
	SDZNS	X		
	SZS PERGAM	X		
	DENS	X		
	PRAKTIK.UM	X		

¹² CESI claims that its Romanian affiliate – Uniunea TESA Sănătate – can be considered as being involved in collective bargaining, based on the following information: ‘By law, only unions that have at least 7% of the total number of workers in the health sector and the area of veterinary health activities can be deemed to be representative of the health sector. TESA only represents economic and administrative technical support staff and can therefore hardly reach 7% representation in the entire health sector. Within the area of TESA’s specialisation, TESA would meet the threshold to be considered representative. Additionally, at the health unit level (hospital), the law stipulates a 50% +1 percentage to be representative. Based on an interpretation of an article in the Law on Social Dialogue, TESA has been involved in negotiations with the management of some hospitals. This article stipulates that TESA’s national representative confederation (CSN MERIDIAN) can delegate representatives from TESA to the meetings of the Board of Directors of the hospitals. But not all the directors accept this interpretation and prefer to apply the 50% +1 percentage for representativeness. TESA can participate in the social dialogue sessions of the Ministry of Health but only as a representative of CSN Meridian.’

Country	Trade union	Sectoral collective bargaining	Company collective bargaining	Collective bargaining coverage in the sector (%)
SK	SOZ ZaSS	X	X	60
	LOZ	X	X	
	OZ SaPA	X	X	
UK	UNISON	X		100 in the public sector and 40 in the private sector
	Unite	X		
	BMA	X		
	RCN	X		
	RCM	X		
	GMB	X		
	BOS TU	X		
	BDA	X		
	SOR	X		
	MiP	X		

Notes: Trade unions whose healthcare sector members are affiliated to EPSU are marked grey and in bold. n/a = not available.

Figure 9: Involvement of trade unions in different forms of collective bargaining, 2018 (%)



Note: n = 198.

Source: Authors' own calculation based on the Network of Eurofound Correspondents' national contributions, 2018

In addition to trade unions' role in collective bargaining, it is worth analysing their involvement in policymaking as a final indicator of their relevance. To this end, the Network of Eurofound Correspondents gathered information on whether or not trade unions are consulted by the government on policies affecting the sector and, if they are, the regularity of that consultation.

According to the data gathered, 149 trade unions out of the 178 for which information is available report that they are consulted (84%). In terms of countries, this implies that trade unions are

consulted in all the countries. Finally, 73 trade unions in 20 countries also report being consulted on a regular basis.

Table 9: Trade union involvement in policymaking

Level of involvement	Countries
No consultation reported by any union and/or no information available	-
Consultation with at least one trade union	All EU Member States and UK
Regular consultation	AT, BE, BG, CY, CZ, EE, ES, FI, FR, HR, HU, IE, LT, LV, MT, NL, PL, SE, SK and UK

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

Since a multi-union system has been established in 27 countries¹³, it cannot be ruled out that authorities favour individual trade unions over others. Nor can it be ruled out that trade unions are competing for participation rights. In Cyprus, Denmark, Finland, France, Germany, Italy, Malta, the Netherlands, Portugal and Sweden, some of the sector-related trade unions are not consulted.

Employer organisations

Sector-relatedness of employer organisations

Tables 9A and 9B shows the domain patterns of the employer associations within the human health sector only. The green shading represents the employer organisations whose domain covers the subsector. The grey shading represents the employer organisations whose domain does not cover the subsector.

Table 10A: Sector coverage and European affiliates of employer organisations in the human health sector, 2018

EU27 and the UK	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health
Total employer organisations – 78	46	31	32	54	25
% of all employer organisations	59%	40%	41%	60%	32%
Number of 20 Member States and the UK – 21 total	20 and UK	15	16 and UK	17	14

Notes: A total of 21 organisations identified in this study are not included in Tables 9A, 9B and 10. This is because they are not involved in collective bargaining and are not affiliated to a European social partner organisation and are therefore considered to be business associations. They are listed in Table A13 in Annex 2, which also shows their sector-relatedness and potential affiliations to other European associations.

¹³ Greece is the only country where there is only one sectoral trade union (see Table 5).

Table 11B: Sector coverage and European affiliates of employer organisations in the human health sector, 2018

Country	Employer organisation	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health	European affiliates
AT	VIO						
	VPKA						UEHP
	FVG						
BE	SOVERVLAG						CENM
	Zorgnet-Icuro						CEEP
	Santhea						
	WGK Vlaanderen						
	SOM						
	FASD						
	CVV						
	MID						
	BVZ						
	UDB						
	UNESSA						
	GIBBIS						
	UFLDB						
BG	NAHE						
	NUPH ¹⁴						HOSPEEM, HOPE
CY							
CZ							
DE	VKA						HOSPEEM, CEEP
	TdL						
	BDPK						UEHP, HOPE via DKG
	AAA ¹⁵						
	AAZ						
DK	Danish Regions						HOSPEEM, CEEP, HOPE

¹⁴ NUPH used to be a member of HOSPEEM but as of 2020 is no longer affiliated.

¹⁵ The AAA (Arbeitsgemeinschaft zur Regelung der Arbeitsbedingungen der Arzthelferinnen und Medizinischen Fachangestellten) is a committee of the Bundesärztekammer. The Bundesärztekammer does not conduct collective bargaining itself, so the AAA is included here.

Country	Employer organisation	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health	European affiliates
EE	EHL ¹⁶						HOPE
	EKL						
EL							
ES	ASPE						UEHP
FI	KT						HOSPEEM
	VTML						CEEP
	Hyvinvointiala HALI ry						
	Avainta						
FR ¹⁷	FHP						
	SYNERPA						
	FEHAP						HOSPEEM
	Présance (formerly CISME)						
	SDB						Conseil Européen des Professions Libérales (CEPLIS)
	SLBC						
	SNMB						
	CSMF						
	MG France						
	SML						
	CDF (formerly CNSD)						Council of European Dentists (CED)
FDSL							

¹⁶ In 2018, Eesti Haiglate Liit (EHL) was affiliated to HOSPEEM. However, its membership was terminated in January 2019.

¹⁷ According to HOSPEEM, some of the employer associations included in the study represent a small percentage of organisations in the human health sector. HOSPEEM advised that FDSL, CDF, MG France, SDB, SLBC, SNMB, CSMF and SML also negotiate agreements with medical insurance providers on, for example, fees or reimbursement processes. Présance represents occupational physicians and they are a minority. UNISSS and NEXEM cover less than 5% of the hospital sector as they cover mainly the social and social care sector. Finally, HOSPEEM pointed out that Présance, UNISSS and NEXEM joined FEHAP during the national negotiations on vocational training, known as OPCO Santé, which used a very broad definition of 'health'.

Country	Employer organisation	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health	European affiliates
	UD						
	UNISSS						
	NEXEM						Social Services Europe through its affiliation to ESPD
	Unicancer						HOPE
HR							
HU							
IE	HSE						HOSPEEM
IT	ARAN						HOSPEEM, CEEP
	AIOP						UEHP
	ARIS						
	FDCG						
LT	NSPIA						HOSPEEM
LU	FHL						HOPE, FIH, EAHM
LV	LSB						HOSPEEM, HOPE
MT							
NL	NVZ						HOSPEEM, HOPE
	NFU¹⁸						HOSPEEM
	GGZ Nederland						
	InEen						
	LHV						
	ASKA						
	VZA						
	Bo						
PL							
PT	Grupo ACT Hospitais EPE						
	APHP						UEHP
	APAC						
	APOMEPA						
	FNS						

¹⁸ NFU is shown in bold in the table, indicating that it is affiliated to HOSPEEM. Unlike the other employer organisations, which are full members of HOSPEEM, NFU is an observer member.

Country	Employer organisation	NACE 86.1 Hospital	NACE 86.21 General medical practice	NACE 86.22 Specialist medical practice	NACE 86.23 Dental practice	NACE 86.90 Other human health	European affiliates
RO	PALMED						UEHP
SE	SKR (formerly SKL)¹⁹						HOSPEEM, CEEP, HOPE and CEMR-EP
	Sobona						CEEP
	Almega Vårdföretagarna						
	KFO						CEEP
SI	ZZS						UEMO, UEMS, PWG, CPME, ENMCA, CED, CEOM: CIO
	SZZZS						
SK	ANS						HOPE
	AŠN SR						
UK	NHS Employers						HOSPEEM, CEEP, HOPE

Note: Organisations marked in bold are affiliated to HOSPEEM. Key to shading is as follows:

	The domain covers the entire subsector.
	The domain partially covers the subsector (i.e. it does not cover all occupations, forms and sizes of enterprise or all regions of the country).
	The domain does not cover the subsector.
	Information not available.

As shown, the domains covered by employer organisations within the sector overlap with those covered by other employer organisations in countries with a pluralist landscape: Austria, Belgium, Bulgaria, Estonia, Finland, France, Germany, Italy, the Netherlands, Portugal, Slovakia, Slovenia and Sweden. However, it is worth noting that in all these countries, the overlap is not caused by domain demarcations that focus on different types of organisations or different regions.

In terms of the specific features of those domains within the human health sector, it is observed that only 14 organisations out of the 75 for which information is available (19%) cover the entire sector, as defined by this study, or most of the sector, just excluding some company categories or being active only in some regions. It is also observed that 46 out of 75 employer organisations for which information is available (61%) cover hospital activities (NACE 86.1) in the 22 countries that report having employer organisations which meet the criteria to be included in the study. General medical practice activities (NACE 86.21) are covered by 31 employer organisations (42%) in 15 countries;²⁰

¹⁹ In November 2019, SKL changed its name to SKR (Sveriges Kommuner och Regioner – Swedish Association of Local Authorities and Regions – SALAR).

²⁰ Information is not available in 74 organisations for NACE 86.21 as shown in Table 9B.

specialist medical practice activities (NACE 86.22) are covered by 32 employer organisations (43%) in 17 countries; dental practice activities (NACE 86.23) are covered by 42 employer organisations (57%) in 17 countries; and other healthcare activities (NACE 86.9) are covered by 25 employer organisations (33%) in 14 countries. This means that in several countries, there are specific subsectors which are not covered by the employer organisation identified in the study. The following subsectors are not covered by employer organisations:

- general medical practice activities (Austria, Bulgaria, Estonia, Latvia, Lithuania and the UK)
- specialist medical practice activities (Austria, Belgium, Bulgaria and Latvia)
- dental practice activities (Bulgaria, Germany, Latvia and the UK)
- other human health activities (Austria, Belgium, Bulgaria, Estonia, Latvia, Lithuania and the UK)

As in the case of the trade unions, employer organisations' domains will be assessed by classifying them according to the four patterns of sector-relatedness explained in the methodology section. Information on the domain patterns is available for 73 out of the 78 employer organisations included in the study.

Congruence is recorded by 7 organisations (10% of organisations for which information is available). This means that the domain of these organisations largely focuses on human health as defined in this study. It implies that the statistical definitions of business activities of the sector differ from the definitions used by most of the employers to identify their interests.

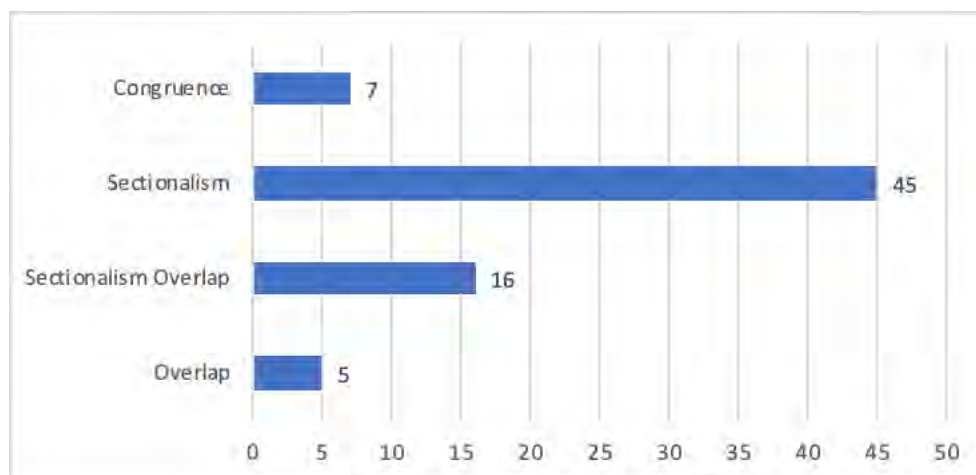
Sectionalism is the most widespread domain. It occurs in 45 organisations (62% of organisations for which information is available). It is caused by domain demarcations which only cover some specific subsectors within the human health sector. Employer organisations recording sectionalism cover only the private human health sector (VIO and VPKA in Austria and APHP in Portugal), the public sector (NAHE in Bulgaria and HSE in Ireland) or some sectoral activities, such as other human health activities (SOVERVLAG in Belgium, EKL in Estonia and APAC in Portugal), general medical practice activities (AAA in Germany), dental practice activities (AAZ in Germany), hospital activities and general medical practice activities (ARIS and FDCG in Italy) or hospital activities (LSB in Latvia, NVZ and NFU in the Netherlands). In other organisations, sectionalism occurs as a result of a domain demarcation that covers only some activities in some regions. This is the case with WGK Vlaanderen, FASD and UNESSA in Belgium and NHS Employers in the UK.

Sectional overlap occurs in 16 organisations (22% of organisations for which information is available). It is usually explained by domain demarcations which exclude some activities or subsectors within the human health sector (for instance, all sectoral activities except hospital activities, all sectoral activities except other human health activities or all sectoral activities except dental practice activities) and cover other activities outside the sector, such as health spa businesses and bathhouses (FVG in Austria), education and public administration (TdL in Germany), education (Avainta in Finland) or social service activities (GGZ Nederland in the Netherlands). It also occurs as a result of employer organisations which are only active in some regions and subsectors and also cover some activities outside the human health sector (Zorgnet-Icuro, Santhea, SOM, GIBBIS and UFLDB in Belgium).

Cases of **domain overlap** (5 organisations for which information is available, 7%) are explained by employer organisations that cover the whole sector, as defined in this study, and different sectors and activities outside the human health sector. Other activities outside the sector that are covered

are public transport and public banking (VKA in Germany), local government (KT in Finland, SKR (formerly SKL) in Sweden, Danish Regions in Denmark), social services (FEHAP in France) and the energy sector (Sobona in Sweden).

Figure 10: Domain coverage of employer organisations/business associations, 2018



Note: $n = 73$.

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

Membership figures and organisational strength within the sector

Sectoral densities were not estimated for employer organisations. As previously explained, there is a high degree of segmentation in terms of healthcare providers in the human health sector. In several countries, public sector bodies coexist at different administrative levels with non-profit institutions and private actors. In this context, sectoral density does not appear to be a proper indicator to assess and compare the strength of employer organisations, bearing in mind that they represent organisations that are very different in nature and have very different legal bases.

Employer organisation involvement in collective bargaining and social dialogue

This study found that all the employer organisations that meet the criteria to be included are involved in sector-related collective bargaining. The study also found business associations that are not involved in collective bargaining. These are listed in Table A13 in Annex 2.

Table 12: Collective bargaining coverage of employer organisations, 2018

Country	Employer organisation ²¹	Collective bargaining (sectoral or company)	Collective bargaining coverage (%)
AT	VIO	Sectoral	95–100
	VPKA	Sectoral	

²¹ A total of 21 organisations identified in this study are not included in Tables 9A, 9B and 10. This is because they are not involved in collective bargaining and are not affiliated to a European social partner organisation and are therefore considered to be business associations. They are listed in Table A13 in Annex 2, which also shows their sector-relatedness and potential affiliations to other European associations.

Country	Employer organisation ²¹	Collective bargaining (sectoral or company)	Collective bargaining coverage (%)
	FVG	Sectoral	
BE	SOVERVLAG	Sectoral	100
	Zorgnet-Icuro	Sectoral	
	Santhea	Sectoral	
	WGK Vlaanderen	Sectoral	
	SOM	Sectoral	
	FASD	Sectoral	
	CVV	Sectoral	
	MID	Sectoral	
	BVZ	Sectoral	
	UDB	Sectoral	
	UNESSA	Sectoral	
	GIBBIS	Sectoral	
UFLDB	Sectoral		
BG	NAHE	Sectoral	30
	NUPH ²²	Sectoral	
DE	VKA ²³	Sectoral	47 (sectoral), 13 (company) (health and education – data is not broken down only for the human health sector); 56% of employees and 43% of companies (healthcare and social services) (IAB company survey)
	TdL	Sectoral	
	BDPK	Sectoral	
	AAA ²⁴	Sectoral	
	AAZ	Sectoral	
DK	Danish Regions	Sectoral	99
EE	EHL	Sectoral	74
	EKL	Sectoral	
ES	ASPE	Sectoral	100 (lower in private sector)
FI	KT	Sectoral	100
	VTML	Sectoral	
	Hyvinvointiala HALI ry	Both sectoral and company	

²² NUPH used to be a member of HOSPEEM but is no longer affiliated as of 2020.

²³ VKA reported that its collective bargaining in the field of hospitals and care facilities covered 520,000 employees in 2018, while its collective bargaining for hospital doctors covered about 53,000 employees in 2019. VKA also reported that 30% of hospitals in Germany are in the public sector.

²⁴ The AAA (Arbeitsgemeinschaft zur Regelung der Arbeitsbedingungen der Arzthelferinnen und Medizinischen Fachangestellten) is a committee of the Bundesärztekammer. The Bundesärztekammer does not conduct collective bargaining itself. Collective bargaining has been conducted between the AAA (representing employers) and the VmF (Verband medizinischer Fachberufe) (representing employees).

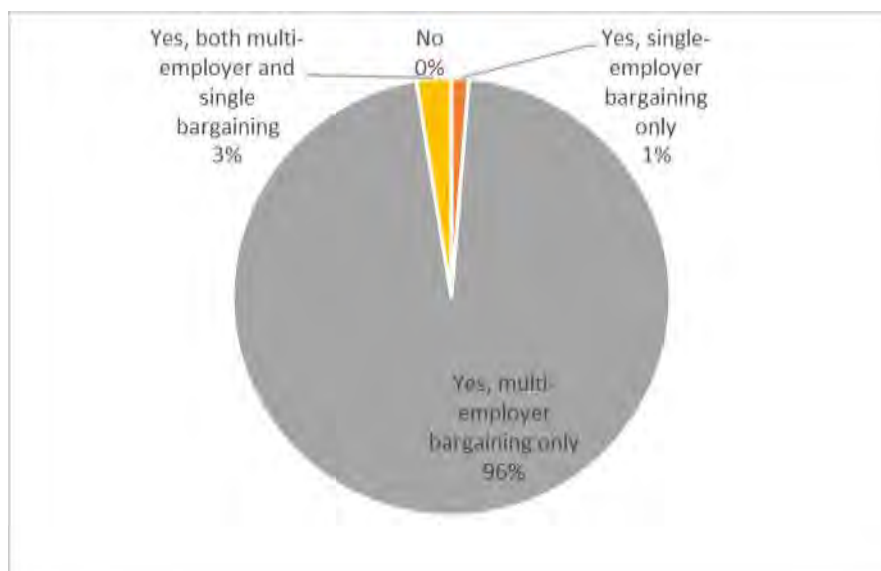
Country	Employer organisation ²¹	Collective bargaining (sectoral or company)	Collective bargaining coverage (%)
	Avainta	Both sectoral and company	
FR	FHP	Sectoral	100
	SYNERPA	Sectoral	
	FEHAP	Sectoral	
	Présance (formerly CISME)	Sectoral	
	SDB	Sectoral	
	SLBC	Sectoral	
	SNMB	Sectoral	
	CSMF	Sectoral	
	MG France	Sectoral	
	SML	Sectoral	
	CDF (formerly CNSD)	Sectoral	
	FDSL	Sectoral	
	UD	Sectoral	
	UNISSS	Sectoral	
NEXEM	Sectoral		
Unicancer	Sectoral		
IE	HSE	Sectoral	74
IT	ARAN	Sectoral	100 in public sector Approximately 70–80 in private sector
	AIOP	Sectoral	
	ARIS	Sectoral	
	FDCG	Sectoral	
LT	NSPIA	Company	60–70
LU	FHL	Sectoral	100
LV	LSB	Sectoral	58
NL	NVZ	Sectoral	100 in public sector
	NFU	Sectoral	
	GGZ Nederland	Sectoral	
	InEen	Sectoral	
	LHV	Sectoral	
	ASKA	Sectoral	
	VZA	Sectoral	
	Bo	Sectoral	
PT	Grupo ACT Hospitais EPE	Sectoral	16
	APHP	Sectoral	
	APAC	Sectoral	
	APOMEPA	Sectoral	
	FNS	Sectoral	
RO	PALMED	Sectoral	n/a

Country	Employer organisation ²¹	Collective bargaining (sectoral or company)	Collective bargaining coverage (%)
SE	SKR (formerly SKL)²⁵	Sectoral	94
	Sobona	Sectoral	
	Almega Vårdföretagarna	Sectoral	
	KFO	Sectoral	
SI	ZZS	Sectoral	100
	SZZZS	Sectoral	
SK	ANS	Sectoral	60
	AŠN SR	Sectoral	
UK	NHS Employers	Sectoral	100 in public sector and 40 in private sector

Note: Employer organisations affiliated to HOSPEEM are marked grey and in bold. n/a = not available.

Employer organisations are generally involved in sectoral bargaining (Figure 11). In contrast, company bargaining is generally negotiated between employee representatives (works council or similar body or trade union representatives) and company representatives, without the mediation of an employer organisation. However, in the human health sector, the study found one employer organisation that is only involved in company bargaining (NSPJA in Lithuania) and two organisations that are involved in both sectoral and company bargaining (Hyvinvointiala HALI ry and Avainta in Finland). In the case of the NSPJA, this is explained by the fact that this organisation only covers the private human health sector where collective bargaining is fully decentralised.

Figure 11: Involvement of employer organisations in different forms of collective bargaining, 2018 (%)



Note: n = 78.

²⁵ In November 2019, SKL changed its name to SKR (Sveriges Kommuner och Regioner – Swedish Association of Local Authorities and Regions – SALAR).

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

As far as the involvement of employer organisations in policymaking is concerned, the study found that 64 employer organisations out of the 71 for which data are available report being consulted (90%). In terms of countries, employer organisations are consulted in 19 out of the 21 countries in which employer organisations that meet the methodological criteria to be included were found. In Spain and Portugal, employer organisations do not report being consulted. The study also found that 35 employer organisations in 17 countries report being consulted regularly (Table 11).

Table 13: Employer organisation involvement in policymaking, 2018

Level of involvement in policymaking	Countries
No consultation reported by any organisation and/or no information available	ES, PT
Consultation with at least one employer organisation	AT, BE, BG, DE, DK, EE, FI, FR, IE, IT, LT, LU, LV, NL, RO, SE, SI, SK, UK
Regular consultation with employer organisation	AT, BE, BG, DK, EE, FI, FR, IE, IT, LT, LV, NL, RO, SE, SI, SK, UK

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

Further investigation is needed to determine the extent to which authorities potentially favour specific employer organisations in the 14 countries where a pluralistic employer organisation landscape exists. Only in Germany and Italy are some of the sector-related employer organisations identified in the study not consulted. In Austria, Belgium, Finland and Portugal, information is not available for some of the organisations.

Finally, it is worth noting that the study found business associations in Croatia, Greece, Hungary and Poland (not involved in collective bargaining coverage), which are consulted on sector-related issues (see Table A5 in Annex 1). Because those organisations are not involved in collective bargaining, their recognition in the industrial relations system only comes from being consulted on sector-related matters. The organisations from France and Slovenia that are also consulted are involved in collective bargaining, and, are thus fully part of the industrial relations system because of their involvement in collective bargaining.

3. Collective bargaining patterns and social dialogue

The structure of collective bargaining in the human health sector is conditioned by the nature of healthcare provision and the organisations involved in healthcare provision. The most significant distinction in the level and nature of bargaining can be found between public and private sector providers (Eurofound, 2011). Overall, collective bargaining coverage is higher in the public sector.

Of the 198 sectoral trade unions for which information is available, 195 (98%) are involved in collective bargaining. Some 102 trade unions (52%) engage only in sectoral bargaining at sectoral level, while 77 (39%) combine sectoral multi-employer bargaining with company bargaining. There are 16 trade unions (8%) that engage only in single-employer (company-level) collective bargaining. All 78 of the employer organisations included in this study are involved in collective bargaining; for 75 of them (96%) this involves only sectoral collective bargaining (Table 12).

Table 14: Social partner organisations involved in collective bargaining, 2018

	Trade unions				198 for which info is available	Employer organisations and business associations			
No collective bargaining involvement	3 (2%)					0	78		
Sectoral collective bargaining only	102 (52%)	179 (90%)		195 (98%)	75 (96%)	77 (99%)		78 (100%)	
Both sectoral and company collective bargaining	77 (39%)		93 (47%)		2 (3%)		3 (4%)		
Company collective bargaining only	16 (8%)				1 (1%)				

Source: Network of Eurofound Correspondents' national contributions to this study, 2019

Collective bargaining system

In this section, the report analyses the collective bargaining system in the human health sector.

The data presented in Table 13 provide an overview of the sector-related collective bargaining system in the 28 countries under consideration. The importance of collective bargaining as a means of employment regulation is measured by calculating the total number of employees covered by collective bargaining as a proportion of the total number of employees within a certain segment of the economy (Traxler et al, 2001). Accordingly, the sector's rate of collective bargaining coverage is defined as the ratio of the number of employees covered by any kind of collective agreement to the total number of workers in the sector.

Table 15: Sectoral collective bargaining system, 2018

Country	Collective bargaining coverage (estimates) (%)	Main bargaining level – public sector	Main bargaining level – private sector	Extension practices
AT	95–100	Sectoral	Sectoral	0
BE	100	Sectoral	Sectoral	2
BG	30	Sectoral	Sectoral	0
CY	55	Sectoral	Company	0
CZ	45	Company	Company	0
DE	47 (sectoral bargaining), 13 (company bargaining) (health and education); 56% of employees and 43% of companies (healthcare and social services) (IAB company survey)	Sectoral	Company	0
DK	99	Sectoral	Company	0
EE	74	Sectoral	Sectoral	1
EL	0	-	-	0
ES	100 (lower in private sector)	Sectoral	Sectoral	2
FI	100	Sectoral	Sectoral	2
FR	100	Sectoral	Sectoral	2
HR	89	Sectoral	Company	0
HU	63	Sectoral	Company	1
IE	74	Sectoral	Company	0
IT	100 in the public healthcare sector Approximately 70–80 in the private sector	Sectoral	Sectoral	2 in the public sector; 2 in the private sector
LT	60–70	Sectoral	Company	0
LU	100	Sectoral	Company	2

LV	58	Sectoral	Company	2
MT	80–100	Sectoral	-	0
NL	100 in the public sector	Sectoral	Sectoral	1
PL	2	Company	Company	0
PT	16	Sectoral	Sectoral	1 in private hospitals (CCT APHP) and medical laboratories (CCT APAC and CCT APOMEPA)
RO	-	Sectoral	-	0
SE	94	Sectoral	Sectoral	1 (under the 'extension agreement')
SI	100	Sectoral	Sectoral	2
SK	60	Sectoral	Sectoral	0
UK	100 in the public sector and 40 in the private sector	Sectoral	Company	0

Note: *Collective bargaining coverage: employees covered by a collective agreement as a percentage of the total number of employees in the sector.*

Source: *Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018*

In most European countries, the structure of collective bargaining in the healthcare sector is conditioned by the nature of healthcare provision and the organisations involved in healthcare provision. The most significant distinction in the level and nature of bargaining can be found between public and private sector providers (Eurofound, 2011). In the public human health sector, the study found that collective bargaining is centralised in most countries. The main differences across countries are associated with the nature of the employers involved in the negotiation and the level of bargaining (national or regional/local).

- Collective bargaining is conducted mainly at regional level between regional public authorities and trade unions in Austria, Denmark, France, Germany, Spain and Sweden. In the Nordic countries (except Finland), trade unions bargain with local or regional authority employers. In Spain, bargaining is conducted with regional governments (autonomous communities), which have legal competence for the public health sector. In Austria, the working conditions of public health workers are unilaterally determined by the responsible authorities. In practice, however, informal negotiations take place between the authorities and the relevant trade unions. The authorities then ratify the agreements resulting from these negotiations.

- In Germany, bargaining is conducted at municipality level and regional level (*Länder*), but also at federal level. These negotiations are carried out at *Länder* level by the TdL and at municipal level by the VKA. Negotiations also take place between the trade unions and the state as employer, covering, for example, the hospitals for the armed forces. In such cases, the German Ministry of the Interior negotiates as the employer.
- Collective bargaining in the public sector is negotiated between national employer organisations and trade unions in Bulgaria, Finland, Germany, Hungary, Ireland, Italy, Luxembourg, Slovakia and the UK. In Bulgaria, the NAHE, representing state and municipal hospitals, is the employer organisation that concludes the main agreement. In Finland, collective bargaining is negotiated between the national employer organisation, KT, and the trade unions. In Hungary, the collective bargaining agreement is concluded between the trade unions and the ÁEEK, a state agency that acts as an employer for hospitals. In Italy, the main national employer organisation in the public sector is the ARAN. In Ireland, the HSE, which represents a multiplicity of public sector health organisations, including hospitals and health and social care agencies, is the employer that signed the Public Services Stability Agreement (PSSA, 2018–2020). In Luxembourg, the relevant employer organisation is the FHL. In Slovakia, the AŠN SR, concludes the multi-employer collective agreement for state hospitals. In the UK, the main agreement is the Agenda for Change (AfC) multi-year pay agreement, which is agreed by the NHS Staff Council (a partnership of NHS trade unions and NHS Employers). This also applies to some extent to the hospital sector in Portugal, where bargaining is carried out by a group of 38 corporate public hospitals (known as EPEs).

Negotiations take place between trade unions and the state/government as an employer (such as Ministry of Health and Ministry of Welfare) in Belgium, Bulgaria, Croatia, Cyprus, Germany, Latvia,²⁶ Lithuania, Malta, Romania and Slovenia.²⁷ However, a collective agreement has not yet been concluded in Romania, and negotiations are currently ongoing between representative trade unions and the Ministry of Health. This also applies to some extent in France, where working conditions for public health workers are set out in legislation but are also discussed through social dialogue within the different representation bodies.

No negotiations take place in the public human health sector in Greece and Poland.

Sectoral bargaining is conducted in the private human health sector in Austria, Belgium, Estonia, Finland, France, Italy, Portugal, Slovakia, Slovenia,²⁸ Spain and Sweden. In Bulgaria, the collective agreement concluded between the trade unions and the Ministry of Public Health is also applied in the private sector. The case of Estonia is also worth noting. In this country, healthcare providers are independent entities operating under private law. However, most of the income of hospitals and family physicians come from the state budget, as they are financed by the Estonian Health Insurance Fund (EHIF). Even the private companies have contracts with the EHIF, meaning that part of their

²⁶ In Latvia, the employer organisation LSB is also involved in negotiations.

²⁷ In Slovenia, the Medical Chamber of Slovenia is also involved in negotiations.

²⁸ In Slovenia, the employer organisation SZZZZS and the Medical Chamber of Slovenia (ZZS), also on the employer side, negotiated a 'Special tariff schedule to the collective agreement for medical doctors and dentists in the Republic of Slovenia' with the trade union FIDES.

income comes from the state budget and part from other sources. In this context, there is one multi-employer agreement which covers healthcare specialists in the sector (nurses, doctors, midwives) whose wages are financed from the state budget through contracts with the EHIF. The agreement is signed by trade unions and employer organisations representing all legal forms of employer in the sector. Collective bargaining in the private sector is entirely decentralised in the remaining Member States. Finally, attention should be drawn to the case of the Netherlands, where most of the sector-related collective bargaining is conducted at sectoral level. In this country, the distinction between public and private sector is particularly complex because health provision is mostly private but is publicly regulated (European Commission, 2016). In this context, collective agreements cover both public and private health providers. On the employer side, the Dutch Association of Hospitals (NVZ) is the organisation that negotiates the main agreement for the hospital sector. This agreement is extended by the Ministry of Social Affairs and Employment to all workers.

The collective bargaining coverage of workers in the human health sector is very high:²⁹ 14 countries record collective bargaining coverage rates higher than 80%. These countries are: Austria, Belgium, Croatia, Denmark, Finland, France, Italy (only for the public sector), Luxembourg, Malta, the Netherlands (only for the public sector), Slovenia, Spain, Sweden and the UK. However, it is worth noting that in Italy, Malta, the Netherlands and the UK, collective bargaining coverage is higher than 80% only in the public sector. According to the national contribution for Spain, the collective bargaining coverage rate there is lower in the private sector, although precise data is not provided.

Six countries record rates of collective bargaining coverage that oscillate between 50 and 80%. These countries are Cyprus, Estonia, Hungary, Ireland, Latvia, Lithuania and Slovakia.

The collective bargaining coverage rate is lower than 50% in Bulgaria (30%), Czechia (45%) and Portugal (16%). In the UK, the rate of collective bargaining coverage in the private human health sector is also lower than 50% (40%).

Finally, it is worth noting that Greece is the only country where there is no sector-related collective bargaining. In Romania, information about collective bargaining coverage was not available. In Germany, disaggregated data were provided for sectoral agreements (47%) and company agreements (13%) (Ellguth and Kohaut, 2019). However, these data include the health and education sector. If healthcare and social services are considered, the IAB company survey of 2018 indicates that 56% of employees and 43% of companies are covered by collective bargaining in the healthcare and social services sector.

Participation in public policy

Consultation of national social partners

The extent to which employer organisations are consulted on sector-specific matters was analysed in Table 11. In Table 14, the report compares the extent to which public authorities consult both sides of industry at cross-country level.

²⁹ Collective bargaining coverage rates have been estimated by national correspondents for the whole sector and estimates for the public and private human health sector are available only for a few countries.

Employer organisations and trade unions appear to be equally involved in consultation processes related to sector-specific matters. Spain and Portugal are the only countries in which employer organisations claim that they are not consulted on sector-related matters, while trade unions state that they are consulted.

However, it is worth noting that the study did not find any employer associations that meet the methodological criteria to be included in seven countries (Croatia, Cyprus, Czechia, Greece, Hungary, Malta and Poland). The study found business associations (not involved in collective bargaining coverage) in Croatia, Greece, Hungary and Poland, which are consulted on sector-related issues (see Table A5 in Annex 1).

Table 16: Consultation of national social partners

Level of consultation	Trade unions	Employer organisations
No consultation reported by any organisation and/or no information available		ES, PT
Consultation with at least one organisation	All EU Member States and UK	AT, BE, BG, DE, DK, EE, FI, FR, IE, IT, LT, LU, LV, NL, RO, SE, SI, SK and UK
Regular consultation	AT, BE, BG, CY, CZ, EE, ES, FI, FR, HR, HU, IE, LT, LV, MT, NL, PL, SE, SK and UK	AT, BE, BG, DK, EE, FI, FR, IE, IT, LT, LV, NL, RO, SE, SI, SK and UK

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

Tripartite and bipartite participation

The findings reveal that genuine sector-specific social dialogue bodies have been established in 18 of the 28 countries under consideration (see Table 15). Sector-specific bodies, whether bipartite or tripartite, have been established in Belgium, Bulgaria, Czechia, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Latvia, Luxembourg, Poland, Romania, Slovakia, Spain, Sweden and the UK.

In 13 out of the 18 countries, several bodies deal with different issues. In terms of scope of activity, the study found bodies dealing with: education and training (Belgium, Denmark, France, Romania); healthcare (Finland, Latvia and Poland); labour market issues, such as professional shortage areas (Czechia) or undeclared work (Greece); working conditions and wages (Slovakia, Spain and the UK); health and safety (Greece and Sweden); insurance funds (Luxembourg); policymaking/policy design and public health administration (Belgium, Denmark and Greece). In some countries, such as Bulgaria, Estonia and Romania, sector-specific bodies deal with a great variety of topics, such as health and safety, pensions, training, legislation and equal opportunities.

It is worth noting that the existence of social dialogue bodies does not necessarily guarantee successful social dialogue outcomes. This is the case in Hungary, for instance, where the sector has experienced labour conflicts instead of social dialogue agreements. In other countries like Germany, there are a few social dialogue initiatives but no specific social dialogue bodies. Existing bodies, such as a minimum wage commission for carers, do not fall inside the sectoral definition used in this study.

Table 17: Tripartite and bipartite sector-specific, public policy bodies, 2018

Country	Bipartite or tripartite	Number of bodies	Scope of activity
BE	Tripartite and bipartite	12	Training and employment, policymaking, etc
BG	Tripartite	1	Health and safety, equal opportunities, labour market, social security and pensions, vocational training and lifelong learning
CZ	Tripartite	2	Wages, labour market issues (e.g. professional shortages), health and economic issues, medical issues, information and legal and deontological framework
DK	Tripartite and bipartite	3	Vocational training, welfare and public administration
EE	Tripartite	2	Wages, employment, legislation, education and health and safety, strategic decisions of the EHIF
EL	Tripartite and bipartite	4	Health policy, health and safety at the workplace, undeclared work, reform of the institutional framework of private clinics
ES	Tripartite and bipartite	2	Employment and working conditions of employees in the National Health System, training
FI	Tripartite	1	Healthcare anticipation
FR	Bipartite	4	Employment and vocational training, financing and vocational training
HU	Tripartite	1	n/a
IE	Tripartite	1	Public health sector industrial relations
LU	Quadripartite	1	Social insurance
LV	Tripartite	1	Healthcare
PL	Tripartite	2	Healthcare system
RO	Tripartite and bipartite	2	Vocational training, pensions, working conditions, equal opportunities, etc.
SE	Bipartite	2	Health and safety

SK	Tripartite	2	Employment, working conditions, wages and social policies
UK	Tripartite	2	Development and implementation of workforce policies, Agenda for Change pay system

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

Reasons for fragmentation and pluralism in the human health sector

Fragmentation occurs when different organisations cover different segments of the human health sector. This can make those organisations complementary, as their membership domains are not overlapping.

As Table 16 shows, fragmentation is based on the following differences and combinations of differences:

- different categories of workers (blue-collar or white-collar workers) or professional groups (e.g. doctors, nurses)
- different employment statuses (employee vs self-employed)
- geographic areas
- ownership (e.g. public or private hospitals)
- professional groups (e.g. teaching staff only, administrators only, headteachers only)
- different sectoral domains (different activities within the sector)

Table 18: Reasons for fragmentation of trade unions

They organise different categories of workers/ professional groups	Different trade unions for employees and self-employed people in the sector	Members in different parts of the country	Members in different types of hospitals/ healthcare institutions (private/public sector)	Members in different parts/activities of the healthcare sector
AT, CY, CZ, DE, DK, EE, ES, FI, HU, IE, IT, LT, MT, NL, PL, PT, SE, SI, SK and UK	IE, NL and SI	BE, ES, IE and PT	AT, BE, CY, CZ, FR and EL	CZ, DE, ES, FI, HU, IE, MT, NL, PL, PT, SE and UK

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

Pluralism, on the other hand, denotes a situation where organisations compete to recruit the same type of employee. In some countries, pluralism is explained by ideological divisions. Examples of social, cultural and political divisions (based on socialist, communist, Catholic or liberal ideologies, for example) are found in Belgium, France, Italy and the Netherlands (Gumbrell-McCormick and Hyman, 2013). In other cases, such as Spain, trade unions compete to recruit the same type of employee without ideological division. In Spain, the main trade union confederations, the FSS-CCOO

and the FeSP-UGT, severed connections with the left-wing party (Communist Party) and social democratic party (PSOE), respectively, and started to cooperate within the framework of a ‘unity of action’ agreement. Since then, they have engaged in common collective bargaining and social dialogue approaches, and the intense political inter-union rivalry has been downplayed (Köhler, 2018).

The human health sector is currently characterised by a high degree of segmentation in terms of healthcare providers. Apart from public sector bodies operating at different administrative levels (central, regional and local), there is a range of non-profit institutions and private operators in most of the countries (Blomqvist, 2011). This contributes to fragmentation among social partner organisations in the sector. UNI Europa has pointed out that the trade union landscape is even more fragmented as a result of specific social and political developments or due to the high level of specialisation in specific subsectors and occupations.

Table 17 shows the reasons for the fragmentation of interest representation on the employer side within the human health sector. The main reason is linked to different sectoral domains and coverage of different types of hospitals/healthcare institutions. In Belgium, fragmentation is also explained by the different regional domains.

Table 19: Reasons for fragmentation of employer organisations

Members in different parts of the country	Members in different types of hospitals/healthcare institutions (private/public sector)	Members in different parts/activities of the healthcare sector
BE	AT, BE, BG, DE, FI, FR, IE, IT, LV, NL, PT and SK	AT, BE, BG, EE, ES, FI, NL and PT

Source: Authors’ own calculations based on the Network of Eurofound Correspondents’ national contributions, 2018

The healthcare sector has a relatively high number of sector-related trade union organisations, which can be explained by the co-existence of different trade unions for public and private sector employees in combination with professional associations. This is also reflected in Table 22, which gives an overview of the different professional associations at European level. Both business associations and employer organisations exist on the employer side. A list of the national sectoral business associations identified by this study is included in Table A5 in Annex 1.

4. European level of interest representation

At European level, eligibility for consultation and participation in social dialogue is linked to three criteria set out in European Commission Decision 98/500/EC. Accordingly, social partner organisations must:

- relate to specific sectors or categories and be organised at European level
- consist of organisations that are themselves an integral and recognised part of Member States' social partner structures that have the capacity to negotiate agreements and are representative of several Member States
- have adequate structures to ensure their effective participation in the work of the ESSDCs

In terms of social dialogue, the constituent feature of such organisations is their ability to negotiate on behalf of their members and to conclude binding agreements. Accordingly, this section on European organisations in the human health sector will analyse these organisations' membership domains; the composition and relevance of their memberships; and their capacity to negotiate, that is their ability to commit themselves on behalf of their members and to conclude binding agreements or actions that can be implemented or monitored EU-wide with the support of their affiliates. Finally, this section examines the extent to which other relevant European social partners, not involved in the ESSDC, can be relevant in the human health sector.

As outlined in greater detail below, the ESSDC involves one sector-related European organisation on the employee side, namely the European Federation of Public Service Unions (EPSU), and one on the employer side, namely the European Hospital and Healthcare Employers' Association (HOSPEEM). Hence, the following analysis will concentrate on the representativeness of these two organisations.

Membership composition of EPSU

EPSU is a European trade union federation affiliated to the global public services federation (PSI) and is also a member of the European Trade Union Confederation (ETUC). EPSU's domain covers public services. It represents eight million public service workers across Europe. EPSU's mission is to organise and to improve working conditions for public service workers through its representation and through negotiations with employers at European level. It also offers a platform to its members to regularly share good practices in organising, recruiting and campaigning. In addition, it campaigns for well-funded public services and better rights at work (EPSU website).

Tables 18A and 18B show all the human health sector trade unions affiliated to EPSU. It is the result of a process that started with a list of member organisations provided by EPSU and a further check of the membership lists published on the organisation's website. The Eurofound national correspondents checked whether EPSU has trade union members in the sector and whether these trade unions confirm that they are affiliated to EPSU. Some trade unions are affiliated to EPSU and have members in other sectors but not in the human health sector; they are not included in this table. The hospital subsector trade unions affiliated to EPSU in Table 18B form the basis of EPSU's sectoral representativeness.

Table 20A: Total number of sector-related trade unions affiliated to EPSU, EU 27 and the UK, 2018

Total number of sector-related trade unions affiliated to EPSU (EU27 and UK)	Membership domain covered (NACE code)				
	86.1	86.21	86.22	86.23	86.9
68	65 (96%)	41 (60%)	44 (65%)	32 (47%)	57 (84%)

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

Table 21B: Affiliation of sector-related trade unions to EPSU by country, 2018

	Trade union	Membership domain covered (NACE code)					Collective bargaining		Consultation (Yes/No) (Ad hoc/Regular)	
		86.1	86.21	86.22	86.23	86.9	MEB	SEB		
AT	GÖD-FSG ³⁰									
	GPA-djp								n/a	n/a
	Vida								Yes	Regular
	Younion								Yes	Regular
	VAAÖ								n/a	n/a
BE	CNE-Non-Marchand								Yes	Regular
	ACV Openbare Diensten /CSC Services publics								Yes	Regular
	ACOD-CGSP								Yes	Regular
	BBTK-SETCa								Yes	Regular
	LBC-NVK								Yes	Ad hoc
	VSOA LRB								Yes	Regular
	BG	FTU-HS								Yes
MF Podkrepa									Yes	Regular
CY	PASYNO								Yes	Regular
	PASYDY								Yes	Regular
CZ	OSZSP ČR								Yes	Regular
DE	ver.di								Yes	Ad hoc
	MB								Yes	Ad hoc
	DSR									

³⁰ The Austrian trade union GÖD has a Christian section (FCG) and a social democratic section (FSG). Only the social democratic section FSG is affiliated to EPSU.

	Trade union	Membership domain covered (NACE code)					Collective bargaining		Consultation (Yes/No) (Ad hoc/Regular)	
		86.1	86.21	86.22	86.23	86.9	MEB	SEB		
DK	DBIO								Yes	n/a
	3F								No	n/a
	HK								No	n/a
	FOA								Yes	Ad hoc
	SL								Yes	Ad hoc
EE										
EL	POEDIN								Yes	Ad hoc
ES	FSS-CCOO								Yes	Regular
	FeSP-UGT								Yes	Regular
FI	Tehy								Yes	Regular
	SuPer								Yes	Regular
	JHL								Yes	Regular
	Jyty								Yes	Ad hoc
FR	CGT Santé Sociaux								Yes	Regular
	FO Santé Sociaux/ SPS FO								Yes	Regular
	CFDT Santé Sociaux								Yes	Ad hoc
	UNSA Santé Sociaux								Yes	Ad hoc
	CFTC Santé Sociaux								No	
HR	HSSMS-MT								Yes	Regular
HU										
IE	INMO								Yes	Regular
	IMO								Yes	Regular
	SIPTU								Yes	Regular
	Fórsa								Yes	Regular
IT	FP-CGIL								Yes	Ad hoc
	FP-CISL								No	n/a
	FPL-UIL								No	n/a
LT	LSADPS							Yes	Regular	
LU	OGB-L							Yes	Ad hoc	
LV	LVSADA							Yes	Regular	
MT	GWU							Yes	Regular	
NL	FNV Zorg & Welzijn								Yes	Regular
	NU '91								Yes	Ad hoc

	Trade union	Membership domain covered (NACE code)					Collective bargaining		Consultation (Yes/No) (Ad hoc/Regular)	
		86.1	86.21	86.22	86.23	86.9	MEB	SEB		
PL	FZZOziPS								Yes	Regular
	OZZPiP								Yes	Regular
PT	STAL								No	n/a
	SINTAP								Yes	Ad hoc
	STE								Yes	Ad hoc
	SEP								Yes	Ad hoc
RO	Hipocrat								Yes	Ad hoc
	Sanitas								Yes	Ad hoc
SE	Kommunal								Yes	Regular
	Vårdförbundet								Yes	Regular
	Vision								Yes	Regular
	Akademikerförbundet SSR								Yes	Regular
SI	SZS								Yes	Ad hoc
	PERGAM								Yes	Ad hoc
SK	SOZ ZaSS								Yes	Ad hoc
UK	UNISON								Yes	Ad hoc
	Unite								Yes	Ad hoc
	RCN								Yes	Regular
	RCM								Yes	Ad hoc
	GMB								Yes	Ad hoc

Notes: n/a = not available. MEB = multi-employer collective bargaining at sectoral level. SEB = single-employer collective bargaining at company level. Thirteen trade unions included in Table 18B are also affiliated to UNI Europa, because of their dual membership. Trade unions that are affiliated to other European associations are listed in Table 21. The green shading indicates that the organisation has members in those activities, while the blue shading indicates the type of collective bargaining involvement.

Source: Network of Eurofound Correspondents' national contributions, 2018

EPSU has 68 direct affiliates in 26 of the countries under consideration which fulfil the criteria to be included in this study. EPSU has no affiliated sector-related trade unions that meet these criteria in Estonia or Hungary. It must be stressed that this means that EPSU does not have members in Estonia or Hungary that are active in the human health sector as defined in this study. It may have affiliated organisations in these countries, such as ROTAL, but they are not included because they do not have members in the human health sector. Therefore, 32% of the sectoral trade unions identified in the bottom-up approach, and listed in Tables 5, 6A, 6B and 7 in the previous chapter, are directly affiliated to EPSU.

All the organisations affiliated to EPSU, except Younion in Austria, POEDIN in Greece, and STAL in Portugal, are involved in sector-related collective bargaining. Regarding their involvement in consultation processes on sector-related matters, 59 organisations are consulted while 6 are not consulted. Information was not available for GPA-djp and VAAÖ in Austria.

Human health sector trade unions not affiliated to EPSU

After having analysed EPSU's national affiliated trade unions in the human health sector, it is also relevant to check if EPSU covers any significant national trade unions. For this purpose, it can be assumed that the relevant trade unions are those that conduct collective bargaining. Their opportunities to intervene in the national decision-making process will also be considered. This analysis shows that the 146 trade unions identified in the study as not being affiliated to EPSU are involved in collective bargaining, based on the methodological criteria used in the study. This does not mean that they are all equally represented in terms of membership (see Table 20³¹). In terms of consultation, 90 out of the 146 trade unions not affiliated to EPSU are consulted by their government. Finally, it is also worth mentioning the case of Estonia. In this country, EPSU is not affiliated to any trade union. However, three trade unions that are involved in collective bargaining and public consultation in sector-related matters have been identified.

Table 19 shows the trade unions affiliated and not affiliated to EPSU in each country. In the last column, the table shows those trade unions not affiliated to EPSU which are involved in collective bargaining and consulted by public authorities in sector-related matters.

³¹ Table 20 shows that the largest hospital sector trade union is affiliated to EPSU in 21 EU Member States and the UK.

Table 22: Affiliation of sector-related trade unions to EPSU

Country	Trade unions affiliated to EPSU	Trade unions not affiliated to EPSU	Trade unions not affiliated to EPSU but involved in collective bargaining and public consultation
AT	GPA-djp, Vida, Younion, VAAÖ, GÖD-FSG ³²	ÖÄK ³³ , GÖD-FCG ³⁴	ÖÄK, GÖD-FCG
BE	CNE-Non-Marchand, ACV Openbare Diensten/CSC Services publics, ACOD-CGSP, BBTK-SETCa, LBC-NVK, VSOA LRB	ACLVB/CGSLB	ACLVB/CGSLB
BG	FTU-HS, MF-PODKREPA		
CY	PASYDY, PASYNO	PASYEK-PEO, OYIK-SEK, SEBETTYK – PEO, PASEY-PEO	PASYEK-PEO
CZ	OSZSP ČR	LOK-SČL	LOK-SČL
DE	ver.di, MB	DHV, dbb, GÖD, VmF	
DK	DSR, FOA, HK, DBIO, 3F, SL	YL, DP, FAS, Pharmadanmark, Danske Fysioterapeuter, Danish Diet & Nutrition Association, TF, Farmakonomforeningen, PLO, Danish Association of Midwives, DKF, DJØF, ATO, TL	YL, FAS, Danske Fysioterapeuter, DKF, DP, Pharmadanmark, Farmakonomforeningen, DJØF, Danish Association of Midwives
EE		EÕL, ETK, EAL	EÕL, ETK, EAL
EL	POEDIN		
ES	FSS-CCOO, FeSP-UGT	SATSE, CSIF, ELA, CIG, USO, SAE	
FI	Tehy, JHL, SuPer, Jyty	SLL, SF, STHL, SHL, Suomen Toimintaterapeutit, Finnish Psychological Association, ERTO, SPTL, STTHL	PRO, SLL, SHL, SPTL, STHL, SF, STTHL, Finnish Psychological Association
FR	CGT Santé Sociaux, FO Santé Sociaux/SPS FO, CFDT Santé Sociaux, UNSA Santé Sociaux	SUD Santé Sociaux, CFE-CGC, SNPST, CGTG, UGTG, Fédération FO Pharmacie, FNAS-FO, FEC-FO, FNIC CGT, Fédération CGT des personnels des organismes sociaux, SNISPAD, FA-FPH, UFAS/FGAF, CFTC Santé Sociaux	SUD Santé Sociaux, CFE-CGC, SNPST, CGTG, UGTG, Fédération FO Pharmacie, FNAS-FO, FNIC CGT, Fédération CGT des personnels des organismes sociaux, SNISPAD
HR	HSSMS-MT	SSZSSH, HLS, SHZ, SZH	SSZSSH, HLS

³² The Austrian trade union GÖD has a Christian section (FCG) and a social democratic section (FSG); only the FSG is affiliated to EPSU.

³³ ÖÄK is not a genuine trade union but a Chamber of Doctors.

³⁴ The GÖD Christian section (FCG) is affiliated to CESI.

Country	Trade unions affiliated to EPSU	Trade unions not affiliated to EPSU	Trade unions not affiliated to EPSU but involved in collective bargaining and public consultation
HU		MSZ EDDSZ ³⁵ , MÖSZ, MKKSZ	
IE	SIPTU, INMO, Fórsa, IMO	PNA, Unite	PNA, IMO, Unite
IT	FP-CISL, FP-CGIL, FPL-UIL	CIVEMP, FESMED, CIMO-ASMD, ANAAO ASSOMED, ANPO, CONFEDIR SANITA, CIMOP, SIDir.S.S., Si.Na.Fo., NurSind, Fials, Nursing Up, FSI-Sanità, UGL Sanità, CISAL-FPC, FILCALI CGIL, Fisascat CISL, UILTucs	NurSind, Nursing Up, CISAL-FPC
LT	LSADPS	LGS, LMDPS, LSSO, MJDPS 'Solidarumas', LSAPSF	LGS, LMDPS, LSSO, MJDPS 'Solidarumas', LSAPSF
LU	OGB-L	LCGB	LCGB
LV	LVSADA	LĀADA	LĀADA
MT	GWU	UHM, MCP, MUMN, MAM	UHM, MCP, MUMN, MAM
NL	FNV Zorg & Welzijn, NU '91	FBZ, CNV Zorg & Welzijn, NVDA, NVvPO	FBZ, CNV Zorg & Welzijn, NVDA
PL	FZZOziPS, OZZPiP	SOZ NSZZ Solidarność, OZZL, KP OPZZ	SOZ NSZZ Solidarność, OZZL, KP OPZZ
PT	SEP, SINTAP, STAL, STE	FNSTFPS, SIM, SINDITE, SE, SIPE, SINDEPOR, SIFAP, FEPCEs, FETESE, FESAHT, SNP, STSSSS, STSS, ASPAS, SITAS, SERAM	FNSTFPS, SIM, SINDITE, SE, SIPE, SINDEPOR, SIFAP, STSS, SERAM, FNAM
RO	Sanitas, Hipocrat	Solidaritatea Sanitara, Uniunea TESA Sanatate	Solidaritatea Sanitara
SE	Vårdförbundet, Kommunal, Vision, Akademikerförbundet SSR	Läkarförbundet, Fysioterapeuterna, Psykologförbundet, Sveriges Farmaceutförbundet, Tandläkarförbundet, Förbundet Sveriges Arbetsterapeuter, Unionen, Ledarna, SRAT, Akavia, Naturvetarna, Sveriges Ingenjörer	Läkarförbundet, Fysioterapeuterna, Psykologförbundet, Sveriges Farmaceutförbundet, Tandläkarförbundet, Förbundet Sveriges Arbetsterapeuter, Ledarna
SI	SZS PERGAM	SZSVS, SDZNS, FIDES, SZSSS, DENS, PRAKTIK.UM	SZSVS, SDZNS, FIDES, SZSSS, DENS, PRAKTIK.UM
SK	SOZ ZaSS,	LOZ, OZ SaPA	LOZ, OZ SaPA
UK	UNISON, RCN, UNITE, RCM, GMB	BMA, SOR, BDA, MiP, BOS TU	SOR, BDA, MiP, BOS TU

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

As shown in Table 19, Greece and Bulgaria are the only countries in which all sector-related trade unions that are involved in sector-related collective bargaining are affiliated to EPSU. In 24 countries, some trade unions are represented in the ESSDC via their membership of EPSU, while other trade

³⁵ The EPSU website indicated that MSZ EDDSZ is affiliated to EPSU, but this was not confirmed in the interview with this organisation. It may be that this organisation is affiliated to EPSU for its members in other sectors.

unions involved in collective bargaining and public consultation in sector-related matters are not members of EPSU. Finally, there is one country (Estonia) where EPSU has no members even though the report identified relevant associations.

Table 23: Sectoral densities of trade unions affiliated to EPSU and employer organisations affiliated to HOSPEEM

	Largest trade union affiliated to EPSU (not affiliated marked in red)	Second largest trade union affiliated to EPSU (not affiliated marked in red)	Largest employer organisation affiliated to HOSPEEM (not affiliated marked in red)	Second largest employer organisation affiliated to HOSPEEM (not affiliated marked in red)
AT	GÖD-FCG ³⁶ GÖD-FSG	Younion		
BE	LBC	BBTK		
BG	FTU-HS	MF-Podkrepa	NAHE (HAP 3)	NUPH ³⁷
CY	PASYDY	PASYNO		
CZ	OSZSP CR	LOK-SČL		
DE	ver.di	MB	VKA	BDPK
DK	DSR	DBIO	Danish Regions	
EE				
EL	AEDY			
ES	SATSE (CESI)	FSS-CCOO	ASPE	
FI	Tehy	JHL	KT	
FR	CGT Santé Sociaux	FO Santé Sociaux	FEHAP	
HR	HSSMS-MT			
HU	MSZ EDDSZ	MÖSZ		
IE	SIPTU	INMO	HSE	
IT	FLC-CGIL	FP-CISL	ARAN	
LT	LGS	LSADPS	NSPIA	
LU	OGB-L	LCGB	FHL	
LV	LVSADA	LĀADA (CESI)	LSB	
MT	GWU	UHM (CESI)		
NL	FNV Zorg & Welzijn	NU '91	NVZ	NFU (observer member)
PL	OZZPiP	SOZ NSZZ Solidarność		
PT	FNSTFPS (according to membership figures provided by the Network of Eurofound Correspondents) SEP (according to EPSU)	FNAM		

³⁶ The Austrian trade union GÖD has a Christian section (FCG) and a social democratic section (FSG). FCG has traditionally been bigger and is affiliated to CESI via Eurofedop, while FSG is affiliated to EPSU.

³⁷ NUPH used to be a member of HOSPEEM but as of 2020 is no longer affiliated.

	Largest trade union affiliated to EPSU (not affiliated marked in red)	Second largest trade union affiliated to EPSU (not affiliated marked in red)	Largest employer organisation affiliated to HOSPEEM (not affiliated marked in red)	Second largest employer organisation affiliated to HOSPEEM (not affiliated marked in red)
RO	Sanitas	Solidaritatea Sanitara (CESI)		
SE	Vårdförbundet	Kommunal	SKR (formerly SKL)	
SI				
SK	SOZ ZaSS			
UK	UNISON	RCN	NHS	
EU27 and the UK associated with EPSU or HOSPEEM	21 Member States and the UK (or 20 and the UK – see PT)	14 Member States and the UK	11 Member States and the UK	1 Member State (observer status)

Notes: Green shading indicates that the largest trade unions are affiliated to EPSU; the trade unions written in red are not affiliated to EPSU. Blue shading indicates that the largest employer organisations are affiliated to HOSPEEM; those written in red are not. The CESI members listed here are shown in brackets as this table illustrates the representativeness of EPSU and HOSPEEM, and CESI membership is shown in Table 21. However, CESI requested that its members be listed in this table, which is why they are mentioned in brackets.

Source: Network of Eurofound Correspondents' national contributions, 2018

A total of 146 sectoral trade unions of the 214 (68%) are not represented by EPSU. Table 20 shows whether the trade unions with the largest numbers of members in the sector are affiliated to EPSU. The largest sectoral trade union is affiliated to EPSU in 21 Member States and the UK, and the second-largest is affiliated in 14 Member States.

Table A8 in Annex 1 shows the trade union density of the trade unions affiliated and not affiliated to EPSU. This more detailed analysis indicates that EPSU covers the trade unions with the largest number of members in the healthcare sector in most of the countries for which data are available. There are only a few countries in which trade unions recording comparatively high sectoral densities are not affiliated to EPSU. In Austria, health workers in the public sector (GÖD) are not completely covered and medical doctors (ÖÄK) are not covered; these two organisations are the most prominent ones representing health workers in Austria. GÖD-FSG, the smaller social democratic section of GÖD, is affiliated to EPSU, while the larger Christian section, GÖD-FCG, is not. Furthermore, it is worth noting that ÖÄK is not a genuine trade union but a Chamber of Doctors. Attention should also be drawn to the case of Lithuania, where three trade unions record higher sectoral densities than EPSU's national affiliate (LSADPS).

Similarly, in Slovenia, two trade unions are bigger than EPSU's national affiliate (SZS PERGAM). In Portugal, FNSTFPS is the largest trade union in terms of membership but is not affiliated to EPSU. However, according to EPSU, SEP is the biggest trade union active in the healthcare sector in Portugal, and if this is taken into consideration, the largest sectoral trade union is affiliated to EPSU in 22 EU Member States and the UK.

Human health sector trade unions affiliated to other European associations

As final proof of the importance of the European social partners analysed, it is useful to look at the other European organisations to which the sector-related trade unions are affiliated.

There are 46 sectoral trade unions that are affiliated to European associations other than EPSU. Among them, only VAAÖ in Austria and Vårdförbundet in Sweden are also affiliated to EPSU in addition to their affiliation to other European associations. Both are marked in bold in Table 21.

Table 24: Sectoral trade unions affiliated to other European associations

Country	Trade union	CESI	UNI Europa	CPME	FEMS	UEMO	Other associations
AT	ÖÄK						AEMH, CEOM, EFMA/WHO, EJD, UEMS, WMA
	GPA-djp						
	Vida						
	Younion³⁸						
	VAAÖ						EPHEU
	GÖD-FSG/GÖD-FCG³⁹						GÖD-FCG: CESI via Eurofedop
BE	ACLVB/CGSLB						
	CNE-Non-Marchand						
	ACV Openbare Diensten/CSC Services publics						
	LBC-NVK						
CY	OYIK-SEK						
CZ	LOK-SČL						
DE	ver.di						
	DHV						CESI indirectly via CGB
	GÖD						CESI indirectly via CGB
	dbb						
DK	Farmakonomforeningen						EAPT
EE	EAL						UEMS
	EÖL						European Federation of Nurses Associations, EPN
ES	SATSE						
	CSIF						

³⁸ Younion is affiliated to EPSU and UNI Europa. Younion reported via EPSU that its membership in UNI Europa only represents members in its UNI MEI division (the division that represents workers in the arts, culture, media and public service broadcasting sector).

³⁹ The Austrian trade union GÖD has a Christian section (FCG) and a social democratic section (FSG). Only the social democratic section FSG is affiliated to EPSU.

Country	Trade union	CESI	UNI Europa	CPME	FEMS	UEMO	Other associations
	SAE						
	FSS-CCOO						
FI	SLL						UEMS, WMA
	SHL						CED
	SPTL						CPLOL
	SF						Confederation for Physical Therapy, ER-WCPT
	Suomen Toimintaterapeutit						COTEC
	STTHL						FOHNEU, ICOH, Nordsam
	Pro						UNI Europa via UNICARE
	Finnish Psychological Association						EFPA
FR	CFE-CGC						CEC European Managers, FP CGC is a member of CESI
	FA-FPH						CESI via FA FP
	FO Santé Sociaux/SPS-FO						
	FGAF (UFAS)						
HU	MKKSZ						
IE	SIPTU						
IT	FILCAMS CGIL						
	Fisacat Cisl						
	UILTuCS						
	FSI-Sanità						FSI
	Fials						CESI via Confisal
	UGL Sanità						CESI via Eurofedop
	CIMO-ASMD						
	ANAAO ASSOMED						
	ANPO						
	CISAL-FPC						
	Confedir Sanità						CESI via CISAL
LT	LGS						UEMS
LU	OGB-L						EPHEU
LV	LĀADA						
MT	UHM						CESI via Eurofedop
	MUMN						European Federation of Nurses Associations, European Midwives Association, Commonwealth Nurses and Midwives Federation
	MAM						UEMS, CP, EFMA, PWG
NL	CNV Zorg & Welzijn						CESI via CNV Connectief
PL	OZZL						

Country	Trade union	CESI	UNI Europa	CPME	FEMS	UEMO	Other associations
	KP OPZZ						
PT	STE						
	SIM						
	FETESE						
	FNAM						
RO	Solidaritatea Sanitara						CESI via Eurofedop
	Uniunea TESA Sanatate						CESI via CSN Meridian
	Hipocrat						
SE	Psykologförbundet						EFPA, EAWOP
	Fysioterapeuterna						WCPT
	Vårdförbundet						EMA, EPBS, EFRS, European Federation of Nurses Associations (EFN)
	Unionen						
	Sveriges Ingenjörer						
SI	FIDES						
	SDZNS						CESI via Eurofedop
SK	LOZ						
UK	GMB						

Note: The trade unions that are also affiliated to EPSU are marked in bold. Green shading shows other affiliation.

Source: National Network of European Correspondents

Based on the bottom-up approach, six of the European organisations mentioned cover at least three countries.

- The Standing Committee of European Doctors (CPME) has affiliates in four countries.
- The European Federation of Salaried Doctors (FEMS) has affiliates in six countries.
- The European Union of General Practitioners (UEMO) has affiliates in three countries.
- The European Union of Medical Specialists (UEMS) has affiliates in five countries.
- UNI Europa has 23 affiliations in 15 countries (14 Member States and the UK), and in all those 15 countries a member is involved in collective bargaining. UNI Europa is also developing activities oriented towards its members in this sector.
- The European Confederation of Independent Trade Unions (CESI) has direct affiliates in 7 countries and also has indirect affiliates through Eurofedop. All together this adds up to 21 affiliated or indirectly affiliated organisations in 11 countries. CESI has a member organisation involved in collective bargaining in 9 countries.

CESI, which represents trade unions covering health workers in the public sector, has 21 trade unions that are affiliated either directly or indirectly via Eurofedop or national umbrella organisations (such as CGB in Germany, FGAF in France and CISAL and Confisal in Italy). CESI's 12 direct members cover 7 countries: France (FA-FP and FP CFE-CGC), Germany (dbb and CGB), Italy (CONFSAL and CISAL), Latvia (LĀADA), the Netherlands (CNV Connectief), Hungary (MKKSZ) and Spain (SATSE, SAE and CSIF). In total, including its indirect affiliates, CESI has member organisations

in 11 countries. CESI represents the second-largest trade union in Malta, Latvia and Romania. However, it is represented directly only in Latvia; in Malta and Romania, it is represented via Eurofedop. CESI's affiliates in Austria and in Spain are the largest hospital sector trade unions (GÖD-FCG and SATSE, respectively). CESI has a member organisation involved in sector-related collective bargaining in ten EU Member States (Austria, France, Germany, Italy, Latvia, Malta, the Netherlands, Romania, Slovenia and Spain).

UNI Europa, which represents trade unions covering some service activities partly related to the sector (care and social insurance sector), has 23 trade union affiliates in 15 countries (14 Member States and the UK). UNI Europa has a member organisation involved in sector-related collective bargaining in 14 EU Member states (Austria, Belgium, Cyprus, Germany, Spain, Finland, France, Ireland, Italy, Luxembourg, Poland, Portugal, Romania, Sweden) and the UK. It is also worth noting that 13 trade unions affiliated to EPSU are also members of UNI Europa.

UNI Europa claims that EPSU and HOSPEEM are indeed very representative of the public part of the hospital sector. However, given the widespread privatisation of human health services, a focus on the non-public organisations providing health services may underscore the importance of other European associations like UNI Europa, HOPE and UEHP.

There are many other European associations in the human health sector. Not all of them were identified in the bottom-up approach used in this study (they are shown in Table 22), as this study only includes the European affiliates of national organisations involved in sector-related collective bargaining. CPME, FEMS, UEMO and UEMS can be categorised as professional associations rather than trade unions. In many cases, they represent associations governing the regulated professions practised by their members. Table 21 illustrates the sector-related trade unions that are affiliated to them. There is, however, some cooperation between CPME and EPSU, for example, whereby EPSU is recognised as the voice of healthcare workers. The cooperation between CPME and EPSU dates back to 2006. At that time, CPME agreed to act as expert/advisor to the social dialogue representatives. CPME therefore decided not to take part in any decision-making procedures within the trade union delegation or social dialogue committees or groups.

It is worth noting that the bottom-up approach can be expected to underestimate the number of affiliates to the relevant organisations. According to the information provided on the websites of the organisations, they are present in more countries than the bottom-up approach may suggest. Table 22 lists all the European associations that appeared in Table 21.

Table 25: Other European professional associations in the sector not covered by this study

Abbreviation	Full name of the organisation
AEMH	European Association of Senior Hospital Physicians
CEOM	European Council of Medical Orders
CPME	Standing Committee of European Doctors
EFMA	European Forum of Medical Associations
FEMS	European Federation of Salaried Doctors
EJD	European Junior Doctors
UEMO	European Union of General Practitioners
UEMS	European Union of Medical Specialists
EPheU	Employed Community Pharmacists in Europe

CESI	European Confederation of Independent Trade Unions
EAPT	European Association of Pharmacy Technicians
CED	Council of European Dentists
CPLOL	Standing Liaison Committee of Speech and Language Therapists/Logopaedics in the European Union
CfPT	Confederation for Physical Therapy
ER-WCPT	European Region of the World Confederation for Physical Therapy
COTEC	Council of Occupational Therapists for the European Countries
FOHNEU	Federation of Occupational Health Nurses within the EU
UNI Europa	UNI Europa
EAWOP	European Congress of Work and Organisational Psychology
EPBS	European Association for Professions in Biomedical Science
EFRS	European Federation of Radiographer Societies
FEMS	Federation of European Microbiological Societies
UNICARE	UNICARE

Notes: *There are many other European associations in the human health sector. Those that are listed in this table are the ones that were reported as European affiliates of the national employer organisations included in this study, via the bottom-up and top-down approach. As the focus of this study was not on all other European associations, this is not a complete list of all European associations in the sector.*

Source: *Network of Eurofound Correspondents*

Membership composition of HOSPEEM

HOSPEEM was established in September 2005. It is a sectoral member of CEEP. HOSPEEM has members in the state or regionally controlled hospital sector and the private human health sector. HOSPEEM members are health employer organisations with the power to negotiate pay and terms and conditions of service with their respective trade union partners. HOSPEEM is a recognised European social partner. As a result, it has a voice on healthcare and workforce-related issues at European level. HOSPEEM also takes part in negotiations with the employee side (EPSU) at the ESSDC (HOSPEEM website).

Table 23 documents a list of employer organisations that are members of HOSPEEM. HOSPEEM considers only the activities covered by NACE 86.1 and 86.22 to be hospital sector activities. It excludes activities covered by NACE 86.21, 86.23 and 86.9. As indicated in the introduction and in Table 1, the scope of this study is the entire human health sector (NACE 86). Table 23 shows that all HOSPEEM affiliates cover NACE 86.1. Eight of its affiliates cover NACE 86.22. The other three NACE codes – 86.21, 86.23 and 86.9 – are each covered by six HOSPEEM affiliates.

In all, there are 12 employer organisations affiliated to HOSPEEM. Overall, coverage by NACE code is as follows:

- 86.1 – Hospital activities: 12 direct affiliations (100%)
- 86.21 – General medical practice activities: 6 direct affiliations (46%)
- 86.22 – Specialist medical practice activities: 8 direct affiliations (62%)

- 86.23 – Dental practice activities: 6 direct affiliations (46%)
- 86.9 – Other human health activities: 6 direct affiliations (46%)

Table 26: Employer associations affiliated to HOSPEEM in 2018–2020

	Employer organisation	86.1	86.21	86.22	86.23	86.9	Collective bargaining	Consultation (Yes/No) (Ad hoc/Regular)	
BE	As of mid-2020, Zorgnet-Icuro joined HOSPEEM as an observer member; this is not yet calculated in the numbers in this study, as the study was finalised in the first half of 2020.								
BG	NUPH						Sectoral	Yes	Ad hoc
DE	VKA						Sectoral	Yes	Ad hoc
DK	Danish Regions						Sectoral	Yes	Regular
FI	KT						Sectoral	Yes	Regular
FR	FEHAP						Sectoral	Yes	Ad hoc
IE	HSE						Sectoral	Yes	Regular
IT	ARAN						Sectoral	Yes	Ad hoc
LT	NSPJA						Single	Yes	Regular
LV	LSB						Sectoral and single-employer bargaining	Yes	Regular
NL	NVZ						Sectoral	Yes	Ad hoc
	NFU (observer member)						Sectoral	Yes	Ad hoc
SE	SKR (formerly SKL)						Sectoral	Yes	Regular
UK	NHS Employers						Sectoral	Yes	Regular

Notes: $n = 12$. NUPH used to be a member of HOSPEEM but as the organisation had not paid membership fees since 2018, its membership was put on hold. In 2020, HOSPEEM confirmed that NUPH was no longer affiliated with it. For these reasons, NUPH has not been included in the total number of employer associations affiliated with HOSPEEM.

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions (2018)

HOSPEEM has 12 direct affiliations in 11 of the countries under consideration which fulfil the criteria to be included in this study. These 11 countries consist of the UK and the following 10 EU Member States: Denmark, Finland, France, Germany, Ireland, Italy, Latvia, Lithuania, the Netherlands and Sweden. As already noted, the study found no employer organisations that meet the criteria to be included in the study in Croatia, Cyprus, Czechia, Greece, Hungary, Malta and Poland. Accordingly, HOSPEEM does not have members in nine countries that have sector-related employer organisations: Austria, Belgium, Estonia, Luxembourg, Portugal, Romania, Slovakia, Slovenia and Spain. In total, 17% of the employer organisations listed in Tables 9A, 9B and 10 in the previous chapter are directly affiliated to HOSPEEM.

All the organisations affiliated to HOSPEEM are involved in sector-related collective bargaining and are consulted on sector-related matters.

Human health sector employer organisations not affiliated to HOSPEEM

After having analysed the national employer organisations in the human health sector affiliated to HOSPEEM, it is also relevant to check if there are some major employer organisations that HOSPEEM does not cover. For this purpose, it can be assumed that relevant employer organisations are those that conduct collective bargaining. Their opportunities to intervene in the national decision-making process will also be considered.

An analysis of the 66 organisations identified in this study that are not affiliated to HOSPEEM reveals that all of them are involved in collective bargaining in accordance with the methodological criteria. In terms of their involvement in sector-related public policy, 53 organisations are consulted.

Table 24 shows the employer associations affiliated and not affiliated to HOSPEEM in each country. The last column shows those employer organisations not affiliated to HOSPEEM, which are involved in collective bargaining and consulted by public authorities in sector-related matters.

Table 27: Employer organisations affiliated and not affiliated to HOSPEEM

Country	Employer organisation affiliated to HOSPEEM	Employer organisation not affiliated to HOSPEEM	Employer organisation not affiliated to HOSPEEM and involved in public consultation
AT	-	VIO, VPKA, FVG	FVG
BE	-	SOVERVLAGE, Zorgnet-Icuro, Santhea, WGK Vlaanderen, SOM, FASD, CVV, MID, BVZ, UDB, UNESSA, GIBBIS, UFLDB	Zorgnet-Icuro, Santhea, WGK Vlaanderen, SOM, FASD, CVV, BVZ, UDB, UNESSA, GIBBIS, UFLDB
BG		NAHE, NUPH	NAHE, NUPH
CY	-	-	
CZ	-	-	
DE	VKA	TdL, BDPK, AAA, ⁴⁰ AAZ	TdL, BDPK, AAA
DK	Danish Regions	-	
EE	-	EHL, ⁴¹ EKL	EHL, EKL
EL	-	-	
ES	-	ASPE	
FI	KT	VTML, Hyvinvointiala HALI ry, Avainta	VTML, Hyvinvointiala HALI ry
FR	FEHAP	FHP, SYNERPA, Présance (formerly CISME), SDB, SLBC, SNMB, CSMF, MG France, SML, CDF (formerly CNSD), FDSL, UD, UNISSS, NEXEM, Unicancer	FHP, SYNERPA, Présance (formerly CISME), SDB, SLBC, SNMB, CSMF, MG France, SML, CDF

⁴⁰ The AAA (Arbeitsgemeinschaft zur Regelung der Arbeitsbedingungen der Arzthelferinnen und Medizinischen Fachangestellten) is a committee of the Bundesärztekammer. The Bundesärztekammer does not conduct collective bargaining itself.

⁴¹ Eesti Haiglate Liit (EHL) was affiliated to HOSPEEM up until 2018. Its membership was terminated in January 2019.

Country	Employer organisation affiliated to HOSPEEM	Employer organisation not affiliated to HOSPEEM	Employer organisation not affiliated to HOSPEEM and involved in public consultation
			(formerly CNSD), FDSL, UD, UNISSS, NEXEM, Unicancer
HR	-	-	
HU	-	-	
IE	HSE	-	
IT	ARAN	AIOP, ARIS, FDCG	AIOP, ARIS
LT	NSPJA	-	
LU	-	FHL	FHL
LV	LSB	-	
MT	-	-	
NL	NVZ, NFU	GGZ Nederland, InEen, LHV, ASKA, VZA, Bo	GGZ Nederland, InEen, LHV, ASKA, VZA, Bo
PL	-	-	
PT	-	Grupo ACT Hospitais EPE, APHP, APAC, APOMEPA, FNS	
RO	-	PALMED	PALMED
SE	SKR (formerly SKL)	Sobona, Almega Vårdföretagarna, KFO	Sobona, Almega Vårdföretagarna, KFO
SI	-	ZZS, SZZZS	ZZS, SZZZS
SK	-	ANS, AŠN SR	ANS, AŠN SR
UK	NHS Employers	-	

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

In four EU Member States (Denmark, Ireland, Latvia, Lithuania) and the UK, all sector-related employer organisations are affiliated to HOSPEEM.

In six EU Member States (Finland, France, Germany, Italy, the Netherlands and Sweden), there are employer organisations affiliated to HOSPEEM and to other employer organisations that meet the criteria to be included but are not affiliated to HOSPEEM.

In 10 EU Member States, there are employer organisations that meet the criteria to be included in the study but are not affiliated to HOSPEEM. In Austria, Belgium, Bulgaria, Estonia, Luxembourg, Romania, Slovakia, Slovenia, Spain and Portugal, where HOSPEEM does not have any affiliates, the study found employer associations that are involved in collective bargaining and are consulted by public authorities on sector-related matters. In Spain and Portugal, the associations included are involved in collective bargaining but are not consulted on sector-related matters.

Table A13 in Annex 2 shows other national associations that are not involved in collective bargaining and are not affiliated to HOSPEEM.

Human health sector employer organisations affiliated to other European associations

The European affiliates of the employer organisations are listed in Table 9B. According to the bottom-up approach, two European organisations mentioned here cover at least three countries; UEHP and HOPE. It is worth noting that this analysis excludes European cross-sectoral organisations such as BusinessEurope. The same applies to CEEP, bearing in mind that HOSPEEM is a member of this European organisation. The two sectoral organisations identified are:

- European Union of Private Hospitals (UEHP): Its affiliates are 6 employer organisations and 4 business associations in 10 countries (Austria, France, Germany, Greece, Hungary, Italy, Romania, Poland, Portugal and Spain)
- European Hospital and Healthcare Federation (HOPE): It has members in the 27 EU Member States and the UK. However, it is worth noting that its members are public bodies (mostly ministries) in Austria, Croatia, Cyprus, Greece, Italy, Malta and Spain. In the remaining 20 EU Member States and in the UK, HOPE's affiliates are employer organisations representing public or private health providers and business associations

A full list of all member organisations of UEHP and HOPE can be found in Tables A14 and A15 in Annex 2.

Table 28: Sector-related national employer organisations affiliated to other European-level sectoral and cross-sectoral organisations

Country	Employer organisation	Organised in another European healthcare organisation, sectoral or cross-sectoral employer organisation
AT	VPKA	UEHP
BE	SOVERVLAG	CENM
	Zorgnet-Icuro	CEEP, HOPE
BG	NUPH	HOPE
DE	VKA	CEEP indirect membership of HOPE via DKG
	BDPK	UEHP indirect membership of HOPE via DKG
DK	Danish Regions	CEEP, HOPE
EE	EHL	HOPE
ES	ASPE	UEHP
FI	VTML	CEEP
FR	SDB	Conseil Européen des Professions Libérales (CEPLIS)
	CDF (formerly CNSD)	Council of European Dentists (CED)
	NEXEM	Social Services Europe through its affiliation to ESPD
	Unicancer	HOPE
IT	ARAN	CEEP
	AIOP	UEHP
LU	FHL	HOPE, FIH, EAHM
LV	LSB	HOPE
NL	NVZ	HOPE
PT	APHP	UEHP
RO	PALMED	UEHP

Country	Employer organisation	Organised in another European healthcare organisation, sectoral or cross-sectoral employer organisation
SE	SKR (formerly SKL)	CEEP, HOPE, CEMR-EP
	Sobona	CEEP
	KFO	CEEP
SI	ZZS	UEMO, UEMS, PWG, CPME, ENMCA, CED, CEOM, CIO
SK	ANS	HOPE
UK	NHS Employers	CEEP, HOPE

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

Capacity to negotiate

The European sectoral social partners illustrate their capacity to be consulted on behalf of their members (Article 154 of the TFEU) and to obtain a mandate from their members to negotiate and to enter into 'contractual relations, including agreements' (Article 155 of the TFEU). This criterion of representativeness refers to the capacity of European social partner organisations to negotiate and commit themselves and their national affiliates to binding agreements that establish minimum standards, process-oriented texts (such as frameworks of action, guidelines and codes of conduct), as well as joint opinions and tools to exchange information, such as joint declarations.

A European social partner has the capacity to negotiate binding agreements or other non-binding legal or policy texts or specific actions if it has received a mandate from its affiliates, or if it can receive such a mandate following a given mandating procedure. Such a mandate/mandating procedure can be either statutory (laid down in the statutes (constitution) of the organisation or annexed to them) or non-statutory (laid down in secondary (formal) documents, such as rules of procedures, memoranda of understanding or decisions by the governing bodies of the organisation). The mandate must describe the conditions and procedures in which the European social partner organisation can enter a specific negotiation and ratify a possible agreement. If no such formal mandating procedure can be identified, it should be considered that the condition concerned is not fulfilled.

In the human health sector, the Framework agreement on the prevention of sharp injuries that was reached between EPSU and HOSPEEM on 17 July 2009 proves the European social partner organisations' full capacity to negotiate. It was subsequently implemented via Council Directive 2010/32/EU of 10 May 2010⁴² and thus made generally binding. However, it is essential to mention that the social partner organisations' capacity to act on behalf of their members is more extensive than the capacity granted by the single binding European agreement. Table 26 lists the primary joint texts and key social partner actions that have been agreed over the years. These deal with occupational safety and health issues, staff recruitment and retention issues, continuing professional

⁴² Paragraph 5 of the preamble of Directive 2010/32/EU (5) states that the European Commission 'took account of the representativeness of the signatory parties, having regard to the scope of the Agreement, for the hospital and healthcare sector, their mandate and the legality of the clauses in the Framework Agreement and its compliance with the relevant provisions concerning small and medium-sized undertakings.'

development (CPD), lifelong learning, skills and qualification issues and sectoral industrial policy issues.⁴³

Table 29: All jointly agreed texts and key social partner actions

Date	Title of the joint text	Topic
13/02/2019	Joint follow-up report on Directive 2010/32/EU on the prevention of sharp injuries in the hospital and healthcare sector	Occupational health and safety
2019–2020	EU-funded project: Strengthening sectoral social dialogue in the hospital sector in eastern, southern and central Europe	Industrial policy
09/04/2018	Joint press release for the 10th anniversary of the code of conduct on ethical cross-border recruitment and retention	Recruitment and retention
2017–2018	EU-funded 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	Recruitment and retention
		CPD, lifelong learning, skills and qualifications
02/06/2016	Joint declaration on continuing professional development and lifelong learning for all health workers in the EU	CPD, lifelong learning, skills and qualifications
10/12/2015	Joint follow-up report on the use and implementation of the HOSPEEM–EPSU framework of actions on recruitment and retention	Recruitment and retention
2014–2016	EU-funded project: Assessing health and safety risks in the hospital sector and the role of the social partners in addressing them: the case of musculoskeletal disorders and psycho-social risks and stress at work	Occupational health and safety
12/02/2014	Joint statement on the new EU occupational safety and health policy framework	Occupational health and safety
11/12/2013	Guidelines and examples of good practice to address the challenges of an ageing workforce	Industrial policy
05/09/2012	Joint statement on the action plan for the health workforce in Europe	Industrial policy
05/09/2012	Joint report on the use and implementation of the code of conduct on ethical cross-border recruitment and retention in the hospital sector	Recruitment and retention
20/09/2011	Joint statement and contribution to the EU green paper on reviewing the Directive on the recognition of professional qualifications	CPD, lifelong learning, skills and qualifications
26/05/2011	Riga Declaration on strengthening social dialogue in the healthcare sector in the Baltic countries ⁴⁴	Industrial policy
17/12/2010	A framework of actions on recruitment and retention	Recruitment and retention
16/07/2010	Multi-sectoral guidelines to tackle third-party violence and harassment related to work	Occupational health and safety
30/09/2010	Measures to counter workplace violence	Occupational health and safety
17/07/2009	Framework agreement on the prevention of sharp injuries in the hospital and healthcare sector	Occupational health and safety

⁴³ A full list of the ESSDC's activities is available online at: https://hospeem.org/wp-content/uploads/2019/04/Fact-sheet_European-Social-Dialogue_w_links.pdf

⁴⁴ Signed by Estonian, Latvian and Lithuanian social partners in the healthcare sector on the occasion of the conference.

Date	Title of the joint text	Topic
07/04/2008	Code of conduct on ethical cross-border recruitment and retention in the hospital sector	Recruitment and retention
14/12/2007	Joint declaration on health services in the EU	Industrial policy

Source: *HOSPEEM and EPSU*

Capacity to negotiate of EPSU

To understand EPSU's capacity to negotiate, its statutes, the role of its Standing Committee for Health and Social Services and the experience of negotiating the 2009 framework agreement must be examined. The way in which joint opinions are internally approved and disseminated must also be explored.

EPSU's capacity to negotiate is empowered by its statutes.

- EPSU's role in European social dialogue and the negotiation of agreements with employers at European level is provided for in Article 4 of its statutes.
- Its statutory governing bodies are the Congress and the Executive Committee.
- Article 11 provides for the establishment of standing committees for sectoral work.
- Special procedures for social dialogue decision-making and the issuing of mandates are included in Appendix 7 of EPSU's statutes.

In practice, the Standing Committee for Health and Social Services plays a crucial role. Appendix 7 of the statutes states that positions taken in the European sectoral social dialogue should be based on policies adopted by the EPSU Congress, or by policies developed by the Standing Committee for Sectoral Social Dialogue. EPSU's Standing Committee for Health and Social Services nominates a negotiation delegation, ensuring a proper balance in terms of expertise, regions and gender. This delegation must include a representative of the EPSU Secretariat. During negotiations, the delegation reports back to the EPSU standing committee, the president and the vice-presidents. The negotiation team decides when to call for input or decisions by members. In principle, all affiliates must be informed and consulted on positions taken in the sectoral social dialogue committees. The standing committee considers the result of a negotiation and forwards a recommendation for its adoption or rejection by EPSU's Executive Committee. When there are time constraints, a written procedure can be used for this process. A two-thirds majority and a quorum of 50% plus 1, expressed in a vote or a written procedure, are required for decisions on social dialogue texts (Appendix 7 of EPSU's statutes, 2014).

In the case of the negotiation of the 2009 framework agreement, a mandate was given by EPSU's Executive Committee, while internal discussions took place in the Standing Committee for Health and Social Services. The final agreement was endorsed by the Executive Committee, based on a proposal made by the Standing Committee for Health and Social Services. During the negotiations, the EPSU Secretariat kept the EPSU bodies informed. The agreement was signed by Karen Jennings, Chair of EPSU's Standing Committee for Health and Social Services, and Godfrey Pereira, Secretary General of HOSPEEM. The power of signature was delegated to the chair of the standing committee by the Executive Committee and General Secretary based on Article 8.2 of EPSU's statutes.

In the case of joint opinions and other social dialogue activities, the Standing Committee for Health and Social Services is responsible for preparing guidelines and positions for the ESSDC. The standing committee reports back to EPSU's Executive Committee. According to EPSU's statutes (Appendix 3.4), the chairs of the standing committees can join the Executive Committee with the right to speak.

The activities carried out in the health and social services sector are reported to each meeting of the EPSU Executive Committee, and positions are approved if required.

In the activities report, the General Secretary informs the Congress of EPSU's achievements over the previous five years and the political lines adopted. Affiliates and executives then endorse the report (see above) and receive a report of the work done on the sectoral social dialogue by EPSU's Standing Committee on Health and Social Services. The European sectoral social dialogue texts are disseminated to EPSU's affiliates and made available through the EPSU website. They are used by the Secretariats of HOSPEEM and EPSU to guide their advocacy work; the implementation is monitored in the usual structures.

Capacity to negotiate of HOSPEEM

HOSPEEM's involvement in social dialogue is included as an organisational objective in its statutes, which also provides for mandating and decision-making procedures for negotiations and validation of the resulting agreements.

HOSPEEM's statutes were updated and approved by its General Assembly on 1 December 2016. Article 5 stipulates the objectives of the organisation, which are mainly focused on the European sectoral social dialogue and on acting in such a way that the opinions of employers are better taken into account by the EU institutions when new policies that have a direct impact on management and industrial relations in the hospital and healthcare sector at European and national level are launched (HOSPEEM's statutes, 2016).

Article 12 of HOSPEEM's statutes indicates that the General Assembly, the Steering Committee, the Board and the Financial Advisory Committee are the statutory bodies. The General Assembly is composed of one representative per member organisation.

For its involvement in European sectoral social dialogue, it has included mandating and decision-making procedures in several specific articles in its statutes (Articles 29–35).

- In the case of a consultation by the European Commission, or if HOSPEEM offers its opinion on its own initiative, the relevant text is prepared by the HOSPEEM Secretariat and approved by the General Assembly, if appropriate in a written procedure (Article 29).
- In negotiations, the composition of the delegation is proposed by the Steering Committee and approved by the General Assembly (Articles 32 and 33). The delegation must always include the Secretary General or a designated replacement who is also responsible for heading the delegation. The head of the delegation keeps the HOSPEEM General Assembly informed at each phase of the negotiations (Article 34).
- At the end of negotiations, the Secretary General drafts a summary note for all General Assembly members, who are called upon to definitively ratify the agreement (a two-thirds majority is required), after which the Secretary General has the authority to sign the ratified agreements (Article 35). The texts submitted for approval must reach the General Assembly at least one week before the meeting during which they are to be approved.

In the case of the 2009 framework agreement, the opinion on the opportunity to legislate or to search for a European agreement between social partners was prepared by the HOSPEEM Secretariat and approved by the General Assembly in accordance with Articles 16 and 17 of HOSPEEM's statutes. This opinion authorised negotiations on medical sharps by giving a mandate for this to the delegation approved by the General Assembly; this mandate determined the object of

these negotiations (as provided by Article 31 of HOSPEEM's statutes, 2016, and Article 19 of HOSPEEM's rules and procedures, 2017). The 2009 framework agreement was signed by Godfrey Pereira, Secretary General of HOSPEEM. According to Article 36 of HOSPEEM's statutes (2016), the HOSPEEM Secretary General has the authority to sign the ratified agreement once it has been formally ratified by the General Assembly.

In the case of joint opinions, information is first exchanged at Secretariat level (EPSU and HOSPEEM). The HOSPEEM Secretariat then consults its Board, which discusses the information. The outcome is then shared with the HOSPEEM Steering Committee and further submitted for approval to the members of the General Assembly (Article 29, HOSPEEM statutes, 2016). The HOSPEEM Steering Committee is responsible for the daily management of the organisation. In the context of approving joint activities/joint opinions with EPSU, the Steering Committee's role is to advise the General Assembly on how to proceed (Article 20, HOSPEEM statutes, 2016). The HOSPEEM Board has no designated role in this, apart from advising the HOSPEEM Steering Committee.

HOSPEEM members' approval of European sectoral social dialogue activities can be illustrated by the example of the agenda of European sectoral social dialogue meetings. HOSPEEM members are required to provide their feedback on the sectoral social dialogue committee agenda in preparation for the meetings or to provide feedback and advice on specific dossiers, such as the joint HOSPEEM–EPSU work programme or follow up project activities.

HOSPEEM does not have a specific working group or committee dealing with social dialogue matters, as sectoral social dialogue and related activities are among the organisation's main objectives. The sectoral social dialogue committee is established by the General Assembly, which usually convenes the day before the sectoral social dialogue committee. A number of ad hoc task forces focus on specific files, such as the drafting of the sectoral social dialogue committee's work programme. The number of members and the geographical origins depend on the file. The person who chaired the sectoral social dialogue committee on behalf of HOSPEEM in 2019 is a member of the HOSPEEM Steering Committee, and at this moment also a member of the HOSPEEM Board.

The HOSPEEM Secretariat disseminates joint texts and other results of the ESSDC by publishing them on the HOSPEEM website. In addition, instruments stemming from the sectoral social dialogue committee are uploaded onto the CIRCABC platform, the European Commission's website dedicated to the sectoral social dialogue committee for the hospital and healthcare sector. The Secretariat also forwards documents to other relevant EU agencies such as EU-OSHA, Eurofound and CEDEFOP as well as to the Senior Labour Inspectorate (SLIC), relevant units in DG EMPL (such as the Unit for Social Dialogue, Unit for Occupational Safety and Health, Unit for Skills and Qualifications, Unit for Employment and Social Aspects of European Semester) and relevant units in DG SANTE (such as the Unit for Performance of National Health Systems). The Secretariat also disseminates relevant information via DG SANTE's Health-EU newsletter, the EU Health Policy Platform and DG EMPL's EU Social Dialogue Newsletter. Furthermore, the texts are presented at external events that are organised by third-party stakeholders from various sectors, such as healthcare (professional) stakeholders, patient representatives and other hospital stakeholders and actors from the employment and social sectors.

Effective participation in the ESSDC

Looking at effective participation in the ESSDC for the hospital sector over the years 2017 and 2018, there were representatives involved from trade unions from 19 EU Member States and the UK and employer organisations from 11 EU Member States and the UK.

Table 30: Effective participation in the ESSDC for the hospital sector, EU27 and the UK, 2017 and 2018

Participation	Countries
EU Member States with trade union participation in the ESSDC for the hospital sector	AT, BE, BG, CY, CZ, DE, DK, EL, ES, FI, FR, HU, IE, IT, LT, LU, NL, RO, SE and UK
EU Member States for which there was no trade union delegate in the ESSDC	EE, HR, LV, MT, PL, PT, SI and SK
EU Member States with employer organisation participation in the ESSDC for the hospital sector	BG, DE, DK, FI, FR, IE, IT, LT, LV, NL, SE and UK
EU Member States for which there was no employer organisation delegate in the ESSDC	AT, BE, CY, CZ, EE, EL, ES, HR, HU, LU, MT, PL, RO, PT, SI and SK

Source: Eurofound and European Commission

Of the eight EU Member States that did not send a trade union delegate to the ESSDC meetings in 2017 or 2018, only one of them does not have an EPSU member organisation: Estonia. EPSU has a member organisation in all of the other seven countries (Croatia, Latvia, Malta, Poland, Portugal, Slovakia and Slovenia), even though no delegate from those countries participated in any of the ESSDC meetings in 2017 or 2018. An opportunity for capacity building for EPSU lies in the mobilisation of their members which actively participate in the ESSDC.

Participants from employer organisations in 11 EU Member States and the UK took part in the ESSDC meetings during 2017–2018. HOSPEEM has members in all of these countries. Bulgaria participated in 2017 and 2018, while NUHP was still affiliated to HOSPEEM (it is no longer affiliated to HOSPEEM).

Member organisations that are not directly represented in meetings of the ESSDC are usually kept informed about developments in the ESSDC via their participation in the meetings of statutory bodies of their European organisation, or its intranet or website. It should be noted that there are also EU-funded project activities taking place, which may involve additional members from EPSU and HOSPEEM, or organisations not yet affiliated to them.

Conclusions

The human health activities sector (NACE code 86) employed 13,892,900 people in 2018, representing around 6.2% of total employment in the EU, according to Eurostat's European Labour Force Survey. Hospital activities (NACE 86.1) is the biggest subsector, accounting for 58% of total human health employment in 2018. Medical and dental practice activities (NACE 86.2) and other human health activities (NACE 86.9) accounted for 24% and 18%, respectively, of total employment in 2018. Women accounted for 76% of the total workforce in 2018. The share of self-employment as a proportion of total employment is very low in hospital activities (1%) and much higher in medical and dental practice activities (23%) and particularly in other human health activities (37%) (Eurostat, EU-LFS, 2018 data). The number of workers in this sector had been steadily growing and even showed an increase during the crisis years.

The largest workforce in the healthcare sector is in Germany, where 21% of the entire EU sectoral workforce is employed. Half of the EU's healthcare sector workforce is employed in five countries: Germany (21%), the UK (16%), France (14%), Italy (9%) and Spain (8%). The share of sectoral employment in human health varies across European countries. It is higher than the European average (6.2%) in the Nordic Member States (Denmark, Finland and Sweden), most of the central and western countries (Austria, Belgium, France, Germany and the Netherlands) and in Ireland and the UK. In southern European countries (Greece, Italy, Portugal and Spain) the proportion of people employed in human health accounts for around 5% (Greece and Portugal) or 6% (Italy and Spain). The share of sectoral employment is comparatively lower in central and eastern countries and Balkan countries. In Bulgaria, Croatia, Czechia, Estonia, Hungary, Latvia, Poland, Romania, Slovakia and Slovenia, sectoral employment oscillates between 3% and 5%.

The healthcare sector is characterised by a high degree of segmentation in terms of different types of institutional healthcare providers. Public sector bodies at different administrative levels (central, regional or local) coexist with non-profit institutions and private actors operating in most of the countries. A predominance of public sector activities in the hospital sector is observed in most EU Member States. Austria and Romania are the exceptions, as most hospitals are in the private sector. The diversity in types of public and private providers and the different professional groups in the workforce can explain the relatively high number of trade unions in the sector.

The study identified a total of 214 sector-related trade unions in 27 EU Member States and the UK and 78 sector-related employer organisations in 20 EU Member States and the UK. On the employer side, no sectoral employer organisations (involved in collective bargaining) were found in Croatia, Cyprus, Czechia, Greece, Hungary, Malta or Poland. However, in all these countries, except Malta, the study identified at least one organisation that acts primarily or exclusively as a business association. Some of these business associations are listed in Table A13 in Annex 2. This list is not complete, however, as the focus of this study is on trade unions and employer organisations involved either in collective bargaining, setting the working conditions for workers in the sector, or organisations that gain social partner status through their affiliation to an EU social partner organisation. In addition to these business associations, there are also professional associations that were not considered for this study. Examples of European professional associations can be found in Table 22.

Looking at the sector-relatedness of the trade unions (in Tables 6A and 6B , as well as Figure 8) and the employer organisations (in Tables 9A and 9B, as well as Figure 10), the report shows that only a few cover the entire human health sector. Hospital activities (NACE 86.1) are covered by 86% of the identified sectoral trade unions and by 59% of the sectoral employer organisations. Other parts of the healthcare sector are covered less frequently (Tables 6A, 6B, 9A and 9B). The trade unions represented by EPSU (in Tables 18A and 18B) cover hospital activities (NACE 86.1) in 96% of cases; all of the 12 employer organisations represented by HOSPEEM cover hospital activities (Table 23). While the percentages for other parts of the human health sector are lower, they are still relatively well covered, varying from 47% (dental practices) to 84% (other health activities) for the trade unions affiliated to EPSU, and from 46% (general medical practice activities, specialist medical practice activities and dental practice activities) to 62% (other health activities) for the employer organisations affiliated to HOSPEEM.

Concerning the system of collective bargaining, the study found that the main distinction in the level and nature of bargaining in the human health sector can be found between public and private sector providers (Eurofound, 2011). In the public human health sector, collective bargaining is centralised in most of the countries. The main differences across countries are associated with the nature of the employers involved in the negotiation and the level of bargaining (national or regional/local). In the private human health sector, sectoral bargaining was only identified in Austria, Belgium, Estonia, Finland, France, Italy, Portugal, Slovakia, Slovenia, Spain and Sweden. Overall, the collective bargaining coverage of workers in the human healthcare sector is very high in most of the countries, particularly in the public sector.

Table 31: Membership structure of EPSU and HOSPEEM, 2019–2020

Membership structures	Number of organisations	Number of countries with organisations	Number of organisations involved in collective bargaining	Number of countries with organisations involved in collective bargaining
All sector-related trade unions	214 trade unions	28	195 (of the 198 sectoral trade unions for which information is available)	26
Affiliates to EPSU	68 trade unions	26	65 trade unions	26
% affiliated	32%	93%	34%	100%
All sector-related employer organisations				
All sector-related employer organisations	78 employer organisations	21	78 employer organisations	21
Affiliates to HOSPEEM	12 (11 employer organisations that are full members + 1 observer)	11	12 employer organisations	11
% affiliated	15%	52%	15%	52%

Source: Tables 6A, 6B, 7 and 18 for trade unions; Tables 9A, 9B, 10 and 23 for employer organisations

In an analysis of the European social partners, Tables 18 and 28 show that EPSU has 68 direct affiliates in 25 EU Member States and the UK, which fulfils the criteria to be included in this study (32%). Of this number, 65 trade unions are involved in sector-related collective bargaining (in 26 countries), and 59 organisations are consulted on sector-related matters. The only EU Member States where EPSU does not have an affiliate are Estonia and Hungary.

Table 29 shows the seven European countries with the largest sectoral workforce. It also shows that EPSU has an affiliated trade union involved in collective bargaining in each of these countries.

Having considered the 146 sectoral trade unions (68%) not represented by EPSU, it has been checked if the trade unions with the largest number of members in the sector are affiliated to EPSU. In 21 Member States and the UK, the most important sectoral trade union is indeed affiliated to EPSU and in 14 Member States the second most important is also affiliated. This leads to the conclusion, based on Table 20, that **EPSU is the most representative trade union for the healthcare sector**. EPSU has also proven that it has full capacity to negotiate.

EPSU is, however, not the only European trade union with some representativeness in the sector. CESI and UNI Europa can also claim representativeness in several EU Member States and the UK. CESI has 21 trade union affiliates either directly or indirectly via Eurofedop or national umbrella organisations in 11 countries. In Austria and Spain, the largest sectoral trade unions are affiliated to CESI; in Spain this involves direct membership of CESI, in Austria it is via Eurofedop. Spain is one of the countries with the largest sectoral workforce. UNI Europa has 23 trade union affiliates in 15 countries.

Table 32: Representation at EU level of the trade unions and employer organisations in the EU Member States and the UK with the largest sectoral workforce

Country and % of sectoral workforce	EPSU members	Involved in collective bargaining	HOSPEEM member	Involved in collective bargaining
DE (21%)				
UK (16%)				
FR (14%)				
IT (9%)				
ES (8%)				
PL (5%)				
NL (4%)				

Source: Tables 3, 18 and 23

Tables 23 and 28 show that HOSPEEM has 11 full members and 1 observer member in 11 of the countries under consideration which fulfil the criteria to be included in this study (15%). All these organisations are involved in the sector-related collective bargaining consultation process on sector-related matters. As Table 29 shows, HOSPEEM has a member organisation involved in collective bargaining in five out of the seven countries with the largest sectoral workforce. Of those countries, Spain and Poland are the only ones where HOSPEEM does not have a member.

As HOSPEEM represents 12 of the 78 employer organisations identified in this study (15%), the relative importance of their member organisations is also examined in this study (Table 20). Table 20 shows that HOSPEEM represents the most important employer organisations in terms of sectoral membership in 11 EU Member States and the UK. This leads to the conclusion that **HOSPEEM is the most representative European employer organisations for the healthcare sector**. HOSPEEM has also proven its full negotiation capacity.

However, just like EPSU, HOSPEEM is not the only European organisation in the sector. Three other European associations were identified in the hospital sector: HOPE, UEHP and CEEP. Compared to HOSPEEM, however, their relevance in terms of country coverage is minor.

The conclusion of this study can thus only be that both **EPSU and HOSPEEM are the most representative organisations for the human health sector, with full capacity to negotiate**.

Table 33: Overview of the representativeness of EPSU and HOSPEEM

EPSU representativeness	
EPSU covers: <ul style="list-style-type: none"> • 68 direct affiliates in 26 countries under consideration which fulfil the criteria to be included in this study (32% of all 214 sectoral trade unions) • 65 trade unions involved in sector-related collective bargaining • 59 organisations consulted on sector-related matters • all the subsectors included in the sectoral definition through their national affiliates 	EPSU does not cover: <ul style="list-style-type: none"> • any trade union in Estonia or Hungary • 90 of the 155 organisations which are involved in sector-related collective bargaining⁴⁵ • 90 trade unions which are involved in collective bargaining and consulted by public authorities on sector-related matters
Most representative European trade union organisation for the healthcare sector	
Capacity to negotiate	
HOSPEEM representativeness	
HOSPEEM covers: <ul style="list-style-type: none"> • 11 direct affiliates (full members) and 1 observer member in 11 countries under consideration which fulfil the criteria to be included in this study (15% of 78 national affiliated employer organisations) • 12 organisations which are involved in sector-related collective bargaining and a consultation process on sector-related matters • all the subsectors included in the sectoral definition through their national affiliates 	HOSPEEM does not cover: <ul style="list-style-type: none"> • any employer organisation in the following 16 countries: Austria, Belgium, Croatia, Cyprus, Czechia, Estonia, Greece, Hungary, Luxembourg, Malta, Poland, Portugal, Romania, Slovakia, Slovenia and Spain • 66 of the 78 employer organisations which are involved in sector-related collective bargaining • the 21 business associations included in Table A13 in the Annex 2 • 53 organisations which are involved in both collective bargaining and public consultation on sector-related matters
Most representative European employer organisation for the healthcare sector	
Capacity to negotiate	

⁴⁵ This includes the Austrian trade union GÖD-FCG.

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Annex 1: Details of individual organisations

Trade unions

Table A1: Domain coverage, membership and representativeness criteria/status of trade unions in the human health sector, 2018

Country	Trade union	Domain coverage	Active members in the sector	Sectoral density (%)	Representativeness status	Representativeness criteria
AT	GPA-djp	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria and mutual recognition
	ÖÄK	Sectionalism	45,600	16	Yes	Fulfils criteria
	Younion	Sectionalism Overlap	23,100	8	Yes	Fulfils criteria
	Vida	Sectionalism Overlap	18,900	7	Yes	Fulfils criteria
	VAAÖ	Sectionalism Overlap	n/a	n/a	n/a	n/a
	GÖD	Sectionalism Overlap	30,000	11	Yes	Fulfils criteria and mutual recognition
BE	ACV Openbare Diensten/CSC Services publics	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	ACOD-CGSP	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	BBTK-SETCa	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	LBC-NVK	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	VSOA LRB	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	CNE-Non-Marchand	Sectionalism Overlap	20,000	19	Yes	Fulfils criteria
	ACLVB/CGSLB	Sectionalism Overlap	7,535	7	Yes	Fulfils criteria
BG	FTU-HS	Sectionalism Overlap	16,645	16	Yes	Fulfils criteria
	MF-PODKREPA	Sectionalism Overlap	8,409	8	Yes	Fulfils criteria
CY	PASYNO	Sectionalism	1,846	12	Yes	Mutual recognition
	PASYDY	Sectionalism Overlap	2,440	16	Yes	Fulfils criteria
	PASYEK-PEO	Sectionalism Overlap	678	4	Yes	Fulfils criteria
	OYIK-SEK	Sectionalism Overlap	431	3	Yes	Fulfils criteria
	SEBETTYK-PEO	Sectionalism Overlap	265	2	Yes	Fulfils criteria

Country	Trade union	Domain coverage	Active members in the sector	Sectoral density (%)	Representativeness status	Representativeness criteria
	PASEY-PEO	Sectionalism Overlap	76	0	Yes	Fulfils criteria
CZ	OSZSP ČR	Sectionalism Overlap	18,086	7	Yes	Fulfils criteria (in the case of ČMKOS) – for plenary session of the tripartite. Mutual recognition – for social dialogue within the sector
	LOK-SČL	Sectionalism	4,120	2	Yes	Fulfils criteria
DE	ver.di	Overlap	n/a	n/a	Yes	Mutual recognition
	DHV	Sectionalism Overlap	n/a	n/a	?	Pending court case – (appeal) is to decide on representativeness
	dbb	Sectionalism Overlap	n/a	n/a	Yes	Mutual recognition
	GÖD	n/a	n/a	n/a	Yes	Mutual recognition
	MB	Sectionalism	122,000	4	Yes	Mutual recognition
	VmF	Sectionalism	22,000	1	Yes	Mutual recognition
DK	DSR	Sectionalism	42,999	23	Yes	Mutual recognition
	YL	Sectionalism Overlap	12,881	7	Yes	Mutual recognition
	DP	Sectionalism	10,851	6	Yes	Mutual recognition
	HK	Sectionalism Overlap	9,361	5	Yes	Mutual recognition
	FAS	Sectionalism Overlap	8,625	5	Yes	Mutual recognition
	Pharmadanmark	Sectionalism Overlap	8,179	4	Yes	Mutual recognition
	Danske Fysioterapeuter	Sectionalism	8,008	4	Yes	Mutual recognition
	Danish Diet & Nutrition Association	Sectionalism Overlap	6,278	3	Yes	Mutual recognition
	DBIO	Sectionalism Overlap	5,429	3	Yes	Mutual recognition
	TF	Sectionalism	4,248	2	Yes	Mutual recognition
	Farmakonomforeningen	Sectionalism Overlap	3,751	2	Yes	Mutual recognition
	PLO	Sectionalism Overlap	3,580	2	Yes	Mutual recognition
	3F	Sectionalism Overlap	3,500	2	Yes	Mutual recognition
	Danish Association of Midwives	Sectionalism	2,010	1	Yes	Mutual recognition
DKF	Sectionalism	1,321	1	Yes	Mutual recognition	

Country	Trade union	Domain coverage	Active members in the sector	Sectoral density (%)	Representativeness status	Representativeness criteria
	DJØF	Sectionalism Overlap	950	1	Yes	Mutual recognition
	ATO	Sectionalism	723	0	Yes	Mutual recognition
	TL	Sectionalism Overlap	164	0	Yes	Mutual recognition
	FOA	Sectionalism Overlap	22,000	12	Yes	Mutual recognition
	SL	Sectionalism Overlap	939	1	Yes	Mutual recognition
EE	EAL	Sectionalism	3,068	12	Yes	Mutual recognition
	EÖL	Sectionalism Overlap	3,000	12	Yes	Mutual recognition
	ETK	n/a	2,980	11	Yes	Mutual recognition
EL	POEDIN	Sectionalism	80,000	43	Yes	Mutual recognition
ES	FSS-CCOO	Sectionalism	100,000	9	Yes	Fulfils criteria
	FeSP-UGT	Sectionalism Overlap	65,146	6	Yes	Fulfils criteria
	SATSE	Sectionalism	n/a	n/a	Yes	Fulfils criteria
	CSIF	n/a	n/a	n/a	Yes	Fulfils criteria
	ELA	n/a	n/a	n/a	n/a	n/a
	CIG	n/a	n/a	n/a	n/a	n/a
	USO	n/a	n/a	n/a	n/a	n/a
FI	SAE	Sectionalism	55,000	5	Yes	Involved in collective bargaining
	Tehy	Sectionalism Overlap	62,150	34	Yes	Mutual recognition
	SLL	Sectionalism Overlap	17,000	9	Yes	Mutual recognition
	JHL	Sectionalism Overlap	12,500	7	Yes	Mutual recognition
	SuPer	Sectionalism Overlap	10,674	6	Yes	Mutual recognition
	SF	Sectionalism	5,803	3	Yes	Mutual recognition
	Jyty	Sectionalism Overlap	5,500	3	Yes	Mutual recognition
	STHL	Sectionalism	5,000	3	Yes	Mutual recognition
	SHL	Sectionalism	4,500	2	Yes	Mutual recognition
	Suomen Toimintaterapeutit	Sectionalism Overlap	2,200	1	Yes	Mutual recognition
	Finnish Psychological Association	Sectionalism Overlap	1,945	1	Yes	Mutual recognition
ERTO	Sectionalism Overlap	1,704	1	Yes	Mutual recognition	

Country	Trade union	Domain coverage	Active members in the sector	Sectoral density (%)	Representativeness status	Representativeness criteria
	SPTL	Sectionalism	1,267	1	Yes	Mutual recognition
	STTHL	Sectionalism Overlap	827	0	Yes	Mutual recognition
	Pro	Sectionalism Overlap	240	0	Yes	Mutual recognition
FR	CGT Santé Sociaux	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	FO Santé Sociaux/SPS FO	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	CFDT Santé Sociaux	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	SUD Santé Sociaux	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	UNSA Santé Sociaux	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	CFTC Santé Sociaux	Sectionalism Overlap	n/a	n/a	Yes	n/a
	CFE-CGC	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria in non-profit private hospitals
	SNPST	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	CGTG	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	UGTG	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	Fédération FO Pharmacie	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	FNAS-FO	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	FEC-FO	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	FNIC CGT	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	Fédération CGT des personnels des organismes sociaux	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	SNISPAD	Sectionalism	n/a	n/a	Yes	Fulfils criteria
FA-FPH	Sectionalism Overlap	n/a	n/a	No		
UFAS (FGAF)	n/a	n/a	n/a	No		
HR	HSSMS-MT	Sectionalism Overlap	12,400	16	Yes	Fulfils criteria
	SSZSSH	Overlap	10,500	13	Yes	Fulfils criteria
	HLS	Sectionalism	3,000	4	No	Fulfils criteria
	SZH	Sectionalism	1,200	1.5	No	Not representative

Country	Trade union	Domain coverage	Active members in the sector	Sectoral density (%)	Representativeness status	Representativeness criteria
HU	MKKSZ	Sectionalism	120	0.1	No	Not representative
	MSZ EDDSZ	Sectionalism Overlap	5,000	3	Yes	n/a
	MÖSZ	Sectionalism	1,850	1	Yes	Mutual recognition
IE	SIPTU	Sectionalism Overlap	50,000	31	Yes	Fulfils criteria and mutual recognition
	INMO	Sectionalism	40,000	25	Yes	Fulfils criteria and mutual recognition
	Fórsa	Sectionalism Overlap	30,000	19	Yes	Fulfils criteria and mutual recognition
	PNA	Sectionalism	7,000	4	n/a	Fulfils criteria and mutual recognition
	IMO	Sectionalism	5,000	3	Yes	Fulfils criteria and mutual recognition
	Unite	Sectionalism Overlap	3,000	2	n/a	n/a
IT	FP-CISL	Sectionalism Overlap	100,000	8	Yes	Fulfils criteria
	FP-CGIL	Sectionalism Overlap	67,461	5	Yes	Fulfils criteria
	FPL-UIL	Sectionalism Overlap	48,903	4	Yes	Fulfils criteria
	CIVEMP	Sectionalism	n/a	n/a	Yes	Mutual recognition
	FESMED	Sectionalism	n/a	n/a	Yes	Mutual recognition
	CIMO-ASMD	Sectionalism	n/a	n/a	Yes	Mutual recognition
	ANAAO ASSOMED	Sectionalism	n/a	n/a	Yes	Mutual recognition
	ANPO	Sectionalism	n/a	n/a	Yes	Mutual recognition
	CONFEDIR SANITA	Sectionalism	n/a	n/a	Yes	Fulfils criteria
	CIMOP	Sectionalism	n/a	n/a	Yes	Mutual recognition
	SIDir.S.S.	Sectionalism Overlap	n/a	n/a	Yes	Mutual recognition
	Si.Na.Fo.	Sectionalism	n/a	n/a	Yes	Mutual recognition
	NurSind	Sectionalism Overlap	37,366	3	Yes	Fulfils criteria
	Fials	Sectionalism Overlap	32,335	3	Yes	Fulfils criteria
	Nursing Up	Sectionalism Overlap	30,000	2	Yes	Fulfils criteria
	FSI-Sanità	Sectionalism	10,095	1	Yes	Fulfils criteria
UGL Sanità	Sectionalism	896	0	Yes	Fulfils criteria	
CISAL-FPC	Sectionalism Overlap	n/a	n/a	Yes	Mutual recognition	

Country	Trade union	Domain coverage	Active members in the sector	Sectoral density (%)	Representativeness status	Representativeness criteria
	FILCAMS CGIL	Sectionalism Overlap	n/a	n/a	n/a	n/a
	Fisacat Cisl	Sectionalism Overlap	n/a	n/a	n/a	n/a
	UILTuCS	Sectionalism Overlap	n/a	n/a	n/a	n/a
LT	LGS	Sectionalism	7,000	10	Yes	Mutual recognition
	LMDPS	Sectionalism Overlap	4,200	6	Yes	Mutual recognition
	LSSO	Sectionalism Overlap	4,000	6	Yes	Mutual recognition
	LSADPS	Overlap	3,600	5	Yes	Mutual recognition
	MJDPS 'Solidarumas'	Congruence	2,000	3	Yes	Mutual recognition
	LSAPSF	Sectionalism	500	1	Yes	Mutual recognition
LU	OGB-L	Overlap	3,568	35	Yes	Fulfils criteria
	LCGB	Overlap	1,189	12	Yes	Fulfils criteria
LV	LVSADA	Overlap	8,600	26	Yes	Fulfils criteria
	LĀADA	Sectionalism Overlap	1,200	4	Yes	Only for parts of the sector
MT	UHM	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	GWU	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	MCP	Sectionalism Overlap	n/a	n/a	Yes	Fulfils criteria
	MUMN	Sectionalism Overlap	4,000	0	Yes	Fulfils criteria
	MAM	Sectionalism Overlap	928	0	Yes	Fulfils criteria
NL	FNV Zorg & Welzijn	Sectionalism Overlap	158,145	27	Yes	Mutual recognition
	NU '91	Sectionalism Overlap	40,000	7	Yes	Mutual recognition
	FBZ	Congruence	34,000	6	Yes	Mutual recognition
	CNV Zorg & Welzijn	Sectionalism Overlap	32,000	5	Yes	Mutual recognition
	NVDA	Sectionalism Overlap	8,000	1	n/a	n/a
	NVvPO	Sectionalism	n/a	n/a	n/a	n/a
PL	FZZOZIPS	Sectionalism Overlap	2,600	0.4	Yes	Fulfils criteria
	SOZ NSZZ Solidarność	Sectionalism Overlap	36,000	5.3	Yes	Fulfils criteria
	OZZPiP	Sectionalism	80,100	11.9	Yes	Fulfils criteria

Country	Trade union	Domain coverage	Active members in the sector	Sectoral density (%)	Representativeness status	Representativeness criteria
	OZZL	Sectionalism	1,350	0.2	Yes	Fulfils criteria
	KP OPZZ	n/a	n/a	n/a	n/a	n/a
PT	FNSTFPS	Sectionalism Overlap	50,000	20	Yes	Fulfils at least two criteria: a) confederation with access to the national tripartite body; c) at least 2.5% of workers in public administration
	SEP	Sectionalism	16,024	6	Yes	Fulfils two criteria: a) confederation with access to the national tripartite body; d) at least 5% of workers in domain
	SINTAP	Overlap	n/a	n/a	Yes	Fulfils one of the criteria that is not related to the representativeness of the organisation itself: a) confederation with access to the national tripartite body
	STAL	Sectionalism Overlap	n/a	n/a	Yes	Fulfils three criteria: a) confederation with access to the national tripartite body; c) at least 2.5% of workers in public administration; d) at least 5% of workers in domain
	STE	Sectionalism Overlap	n/a	n/a	Yes	Fulfils one of the criteria that is not related to the representativeness of the organisation itself: a) confederation with access to the national tripartite body
	SIM	Sectionalism	n/a	n/a	Yes	Mutual recognition
	SINDITE	Sectionalism	n/a	n/a	Yes	n/a
	SE	Sectionalism	n/a	n/a	Yes	Fulfils at least one of the criteria: a) confederation with access to the national tripartite body
	SIPE	Sectionalism	n/a	n/a	Yes	Mutual recognition
	SINDEPOR	Sectionalism	n/a	n/a	Yes	Mutual recognition
	SIFAP	Sectionalism Overlap	n/a	n/a	Yes	Mutual recognition. Does not fulfil the criteria and is not a member of a recognised confederation
	FEPCEC	Sectionalism Overlap	n/a	n/a	Yes	Mutual recognition
FETESE	Sectionalism Overlap	n/a	n/a	Yes	Mutual recognition	

Country	Trade union	Domain coverage	Active members in the sector	Sectoral density (%)	Representativeness status	Representativeness criteria
	FESAHT	Sectionalism Overlap	n/a	n/a	Yes	Mutual recognition
	SNP	Sectionalism Overlap	n/a	n/a	Yes	Mutual recognition
	STSSSS	Sectionalism Overlap	n/a	n/a	Yes	Mutual recognition
	STSS	Sectionalism Overlap	n/a	n/a	Yes	Mutual recognition and possibly other criteria
	ASPAS	Sectionalism	n/a	n/a	Yes	Mutual recognition
	SITAS	Sectionalism	n/a	n/a	Yes	Mutual recognition
	SERAM	Sectionalism	1,300	1	Yes	Fulfils one criterion: d) at least 5% of workers in domain
	FNAM	Sectionalism	n/a	n/a	Yes	Mutual recognition
RO	Sanitas	Sectionalism Overlap	98,000	30	Yes	Fulfils criteria
	Solidaritatea Sanitara	Sectionalism Overlap	21,000	6	Yes	Fulfils criteria
	Hipocrat	Sectionalism	7,342	2	No	
	Uniunea TESA Sanatate	Sectionalism	5,000	2	No	
SE	Vårdförbundet	Sectionalism Overlap	64,031	20	Yes	Mutual recognition
	Kommunal	Sectionalism Overlap	60,000	19	Yes	Mutual recognition
	Läkarförbundet	Sectionalism	38,000	12	Yes	Mutual recognition
	Vision	Sectionalism Overlap	30,000	9	Yes	Mutual recognition
	Fysioterapeuterna	Sectionalism Overlap	12,713	4	Yes	Mutual recognition
	Psykologförbundet	Sectionalism Overlap	11,000	3	Yes	Mutual recognition
	Sveriges Farmaceutförbundet	Sectionalism	7,036	2	Yes	Mutual recognition
	Tandläkarförbundet	Sectionalism	5,050	2	Yes	Mutual recognition
	Förbundet Sveriges Arbetsterapeuter	Sectionalism	5,000	2	Yes	Mutual recognition
	Akademikerförbundet SSR	Sectionalism Overlap	4,768	2	Yes	Mutual recognition
	Unionen	Sectionalism Overlap	4,500	1	n/a	n/a
	Ledarna	Sectionalism Overlap	1,000	0	Yes	Mutual recognition

Country	Trade union	Domain coverage	Active members in the sector	Sectoral density (%)	Representativeness status	Representativeness criteria
	SRAT	Sectionalism Overlap	n/a	n/a	Yes	Mutual recognition
	Akavia	Sectionalism	n/a	n/a	Yes	Mutual recognition
	Naturvetarna	Sectionalism	n/a	n/a	Yes	Mutual recognition
	Sveriges Ingenjörer	Sectionalism	n/a	n/a	Yes	Mutual recognition
SI	SZSVS	Overlap	10,000	21	Yes	Fulfils criteria
	SDZNS	Sectionalism	7,000	15	Yes	Fulfils criteria
	SZS PERGAM	Overlap	6,000	13	Yes	Fulfils criteria
	FIDES	Sectionalism Overlap	2,000	4	Yes	Fulfils criteria
	SZSSS	Overlap	n/a	n/a	Yes	Fulfils criteria
	DENS	Sectionalism	n/a	n/a	Yes	Fulfils criteria
	PRAKTIK.UM	Sectionalism	n/a	n/a	n/a	n/a
SK	SOZ ZaSS	Sectionalism Overlap	18,380	16	Yes	Fulfils criteria
	LOZ	Sectionalism	2,250	2	Yes	Fulfils criteria
	OZ SaPA	Sectionalism	2,000	2	Yes	Fulfils criteria
UK	UNISON	Overlap	450,000	20	Yes	Mutual recognition
	RCN	Sectionalism	435,000	19	Yes	Mutual recognition
	BMA	Sectionalism	161,000	7	n/a	n/a
	Unite	Sectionalism Overlap	100,000	4	Yes	Mutual recognition
	RCM	Sectionalism Overlap	48,000	2	Yes	Mutual recognition
	GMB	Sectionalism Overlap	25,000	1	Yes	Mutual recognition
	SOR	Sectionalism Overlap	23,320	1	Yes	Mutual recognition
	BDA	Sectionalism Overlap	9,073	0	Yes	Mutual recognition
	MiP	Sectionalism Overlap	6,000	0	Yes	Mutual recognition
	BOS TU	Sectionalism	1,782	0	Yes	Mutual recognition

Note: n/a = not available.

Table A2: Collective bargaining and consultation of trade unions in the human health sector, 2018

Country	Trade union	Collective bargaining	Consultation (Yes/No) (Ad hoc/Regular)	
AT	ÖÄK	Yes, sectoral bargaining only	Yes	Regular
	GPA-djp	Yes, both sectoral and company bargaining	n/a	n/a
	Vida	Yes, both sectoral and company bargaining	Yes	Regular
	Younion	No collective bargaining, ⁴⁶ but does negotiate salaries	Yes	Regular
	VAAÖ	Yes, sectoral bargaining only	n/a	n/a
	GÖD	Yes, multi-employer bargaining only	Yes	n/a
BE	ACLVB/CGSLB	Yes, both sectoral and company bargaining	Yes	Regular
	CNE-Non-Marchand	Yes, both sectoral and company bargaining	Yes	Regular
	ACV Openbare Diensten/CSC Services publics	Yes, both sectoral and company bargaining	Yes	Regular
	ACOD-CGSP	Yes, both sectoral and company bargaining	Yes	Regular
	BBTK-SETCa	Yes, both sectoral and company bargaining	Yes	Regular
	LBC-NVK	Yes, both sectoral and company bargaining	Yes	Ad hoc
	VSOA LRB	Yes, both sectoral and company bargaining	Yes	Regular
BG	FTU-HS	Yes, both sectoral and company bargaining	Yes	Regular
	MF-PODKREPA	Yes, both sectoral and company bargaining	Yes	Regular
CY	PASEY-PEO	Yes, single-employer bargaining only	No	n/a
	SEBETTYK-PEO	Yes, both sectoral and company bargaining	No	n/a
	OYIK-SEK	Yes, both sectoral and company bargaining	No	n/a
	PASYDY	Yes, company bargaining only	Yes	Regular
	PASYEK-PEO	Yes, company bargaining only	Yes	Regular
	PASYNO	Yes company bargaining only	Yes	Regular
CZ	OSZSP ČR	Yes, both sectoral and company bargaining	Yes	Regular
	LOK-SČL	Yes, both sectoral and company bargaining	Yes	Regular

⁴⁶ Younion does not negotiate collective bargaining agreements in the classical sense but does negotiate salaries.

Country	Trade union	Collective bargaining	Consultation (Yes/No) (Ad hoc/Regular)	
DE	ver.di	Yes, both sectoral and company bargaining	Yes	Ad hoc
	MB	Yes, both sectoral and company bargaining	Yes	Ad hoc
	VmF	Yes, both sectoral and company bargaining	No	n/a
	DHV	Yes, both sectoral and company bargaining	No	n/a
	dbb	Yes, both sectoral and company bargaining	n/a	n/a
	GÖD	Yes, company bargaining only	n/a	n/a
DK	YL	Yes, sectoral bargaining only	Yes	Ad hoc
	PLO	Yes, sectoral bargaining only	No	n/a
	FAS	Yes, sectoral bargaining only	Yes	Ad hoc
	DSR	Yes, sectoral bargaining only	Yes	Ad hoc
	TF	Yes, sectoral bargaining only	No	n/a
	ATO	Yes, sectoral bargaining only	No	n/a
	Danske Fysioterapeuter	Yes, sectoral bargaining only	Yes	Ad hoc
	DKF	Yes, sectoral bargaining only	Yes	Ad hoc
	DP	Yes, sectoral bargaining only	Yes	Ad hoc
	Pharmadanmark	Yes, both sectoral and company bargaining	Yes	Ad hoc
	Farmakonomforeningen	Yes, both sectoral and company bargaining	Yes	Ad hoc
	DJØF	Yes, sectoral bargaining only	Yes	Ad hoc
	DBIO	Yes, sectoral bargaining only	Yes	n/a
	Danish Diet & Nutrition Association	Yes, both sectoral and company bargaining	n/a	n/a
	Danish Association of Midwives	Yes, sectoral bargaining only	Yes	Ad hoc
	3F	Yes, sectoral bargaining only	No	n/a
	HK	Yes, sectoral bargaining only	No	n/a
	TL	Yes, sectoral bargaining only	No	n/a
FOA	Yes, sectoral bargaining only	Yes	Ad hoc	
SL	Yes, sectoral bargaining only	Yes	Ad hoc	
EE	EAL	Yes, sectoral bargaining only	Yes	Regular
	EÕL	Yes, both sectoral and company bargaining	Yes	Regular
	ETK	Yes, both sectoral and company bargaining	Yes	Regular
EL	POEDIN	No	Yes	Ad hoc
ES	FSS-CCOO	Yes, both sectoral and company bargaining	Yes	Regular

Country	Trade union	Collective bargaining	Consultation (Yes/No) (Ad hoc/Regular)	
			Yes	Regular
	FeSP-UGT	Yes, both sectoral and company bargaining	Yes	Regular
	SATSE	Yes, both sectoral and company bargaining	Yes	Regular
	CSIF	Yes, both sectoral and company bargaining	Yes	Regular
	ELA	Yes, sectoral bargaining only	n/a	n/a
	CIG	Yes, sectoral bargaining only	n/a	n/a
	USO	Yes, sectoral bargaining only	n/a	n/a
	SAE	Yes, under the name of USAE	Yes	Regular
FI	Tehy	Yes, both sectoral and company bargaining	Yes	Regular
	SuPer	Yes, sectoral bargaining only	Yes	Regular
	SLL	Yes, both sectoral and company bargaining	Yes	Regular
	SHL	Yes, both sectoral and company bargaining	Yes	Regular
	JHL	Yes, both sectoral and company bargaining	Yes	Regular
	SPTL	Yes, both sectoral and company bargaining	Yes	Ad hoc
	STHL	Yes, both sectoral and company bargaining	Yes	Regular
	SF	Yes, sectoral bargaining only	Yes	Ad hoc
	Suomen Toimintaterapeutit	Yes, sectoral bargaining only	No	n/a
	STTHL	Yes, sectoral bargaining only	Yes	Ad hoc
	Jyty	Yes, sectoral bargaining only	Yes	Ad hoc
	Pro	Yes, sectoral bargaining only	Yes	Ad hoc
	Finnish Psychological Association	Yes, both sectoral and company bargaining	Yes	Regular
	ERTO	Yes, both sectoral and company bargaining	No	n/a
FR	CGT Santé Sociaux	Yes, both sectoral and company bargaining	Yes	Regular
	FO Santé Sociaux/SPS FO	Yes, both sectoral and company bargaining	Yes	Regular
	CFDT Santé Sociaux	Yes, both sectoral and company bargaining	Yes	Ad hoc
	SUD Santé Sociaux	Yes, both sectoral and company bargaining	Yes	n/a
	UNSA Santé Sociaux	Yes, both sectoral and company bargaining	Yes	Ad hoc
	CFTC Santé Sociaux	Yes, single-employer bargaining only	No	n/a

Country	Trade union	Collective bargaining	Consultation (Yes/No) (Ad hoc/Regular)	
	CFE-CGC	Yes, both sectoral and company bargaining	Yes	Ad hoc
	SNPST	Yes, both single-employer and multi-employer bargaining	Yes	n/a
	CGTG	Yes, both single-employer and multi-employer bargaining	Yes	n/a
	UGTG	Yes, both single-employer and multi-employer bargaining	Yes	n/a
	Fédération FO Pharmacie	Yes, both single-employer and multi-employer bargaining	Yes	n/a
	FNAS-FO	Yes, both single-employer and multi-employer bargaining	Yes	n/a
	FEC-FO	Yes, both single-employer and multi-employer bargaining	No	n/a
	FNIC CGT	Yes, both single-employer and multi-employer bargaining	Yes	n/a
	Fédération CGT des personnels des organismes sociaux	Yes, both single-employer and multi-employer bargaining	Yes	n/a
	SNISPAD	Yes, both single-employer and multi-employer bargaining	Yes	n/a
	FA-FPH	Yes – see footnote in Table 7	No	n/a
	UFAS (FGAF)	No	No	n/a
HR	HLS	Yes, sectoral bargaining only	Yes	Regular
	SSZSSH	Yes, both sectoral and company bargaining	Yes	Regular
	HSSMS-MT	Yes, both sectoral and company bargaining	Yes	Regular
	SZH	No	No	
HU	MKKSZ	No	No	
	MSZ EDDSZ	Yes, sectoral bargaining only	Yes	n/a
	MÖSZ	Yes, single-employer bargaining only	Yes	Regular
IE	INMO	Yes, sectoral bargaining only	Yes	Regular
	SIPTU	Yes, both sectoral and company bargaining	Yes	Regular
	Fórsa	Yes, sectoral bargaining only	Yes	Regular
	IMO	Yes, sectoral bargaining only	Yes	Regular
	Unite	Yes, sectoral bargaining only	Yes	Regular
	PNA	Yes, sectoral bargaining only	Yes	Regular
IT	FP-CGIL	Yes, both sectoral and company bargaining	Yes	Ad hoc
	FP-CISL	Yes, both sectoral and company bargaining	No	n/a
	FPL-UIL	Yes, both sectoral and company bargaining	No	n/a

Country	Trade union	Collective bargaining	Consultation (Yes/No) (Ad hoc/Regular)	
			Yes	Ad hoc
	Nursing Up	Yes, both sectoral and company bargaining	Yes	Ad hoc
	NurSind	Yes, sectoral bargaining only	Yes	Ad hoc
	FSI-Sanità	Yes, sectoral bargaining only	No	n/a
	Fials	Yes, sectoral bargaining only	n/a	n/a
	UGL Sanità	Yes, sectoral bargaining only	n/a	n/a
	CIVEMP	Yes, sectoral bargaining only	n/a	n/a
	FESMED	Yes, sectoral bargaining only	n/a	n/a
	CIMO-ASMD	Yes, sectoral bargaining only	n/a	n/a
	ANAAO ASSOMED	Yes, sectoral bargaining only	n/a	n/a
	ANPO	Yes, sectoral bargaining only	n/a	n/a
	CONFEDIR SANITA	Yes, sectoral bargaining only	n/a	n/a
	CIMOP	Yes, sectoral bargaining only	n/a	n/a
	SIDir.S.S.	Yes, sectoral bargaining only	n/a	n/a
	Si.Na.Fo.	Yes, sectoral bargaining only	n/a	n/a
	CISAL-FPC	Yes, multi-employer bargaining only	n/a	n/a
LT	LSADPS	Yes, sectoral bargaining only	Yes	Regular
	LSSO	Yes, sectoral bargaining only	Yes	Ad hoc
	MJDPS 'Solidarumas'	Yes, sectoral bargaining only	Yes	Regular
	LGS	Yes, sectoral bargaining only	Yes	Regular
	LSAPSF	Yes, sectoral bargaining only	Yes	Regular
	LMDPS	Yes, both sectoral and company bargaining	Yes	Regular
LU	OGB-L	Yes, sectoral bargaining only	Yes	Ad hoc
	LCGB	Yes, sectoral bargaining only	Yes	Ad hoc
LV	LVSADA	Yes, both sectoral and company bargaining	Yes	Regular
	LĀADA	Yes, both sectoral and company bargaining	Yes	Regular
MT	UHM	Yes, single-employer bargaining only	Yes	Regular
	GWU	Yes, single-employer bargaining only	Yes	Regular
	MUMN	Yes, sectoral bargaining only	Yes	Regular
	MAM	Yes, sectoral bargaining only	Yes	Regular
	MCP	Yes, single-employer bargaining only	No	n/a
NL	FNV Zorg & Welzijn	Yes, sectoral bargaining only	Yes	Regular
	NU '91	Yes, sectoral bargaining only	Yes	Ad hoc
	CNV Zorg & Welzijn	Yes, sectoral bargaining only	Yes	Regular
	NVDA	Yes, both sectoral and company bargaining	Yes	Ad hoc

Country	Trade union	Collective bargaining	Consultation (Yes/No) (Ad hoc/Regular)	
	FBZ	Yes, sectoral bargaining only	Yes	Ad hoc
	NVvPO	Yes, sectoral bargaining only	No	n/a
PL	FZZOziPS	Yes, single-employer bargaining only	Yes	Regular
	SOZ NSZZ Solidarność	Yes, single-employer bargaining only	Yes	Regular
	OZZPiP	Yes, single-employer bargaining only	Yes	Regular
	OZZL	Yes, single-employer bargaining only	Yes	Regular
	KP OPZZ	Yes, single-employer bargaining only	n/a	n/a
PT	SINTAP	Yes, single-employer bargaining only	Yes	Ad hoc
	STAL	No	No	n/a
	STE	Yes, single-employer bargaining only	Yes	Ad hoc
	SIM	Yes, sectoral bargaining only	Yes	Ad hoc
	SEP	Yes, both sectoral and company bargaining	Yes	Ad hoc
	FNSTFPS	Yes, sectoral bargaining only	Yes	n/a
	SINDITE	Yes, both sectoral and company bargaining	Yes	Ad hoc
	SE	Yes, sectoral bargaining only	Yes	Ad hoc
	SIPE	Yes, sectoral bargaining only	Yes	Ad hoc
	SINDEPOR	Yes, sectoral bargaining only	Yes	Ad hoc
	SERAM	Yes, both sectoral and company bargaining	Yes	Ad hoc
	SIFAP	Yes, both sectoral and company bargaining	Yes	Ad hoc
	FEPCES	Yes, both sectoral and company bargaining	No	n/a
	FETESE	Yes, sectoral bargaining only	No	n/a
	FESAHT	Yes, both sectoral and company bargaining	No	n/a
	SNP	Yes, sectoral bargaining only	No	n/a
	STSSSS	Yes, sectoral bargaining only	n/a	n/a
	STSS	Yes, both sectoral and company bargaining	Yes	Ad hoc
	ASPAS	Yes, sectoral bargaining only	n/a	n/a
	SITAS	Yes, sectoral bargaining only	n/a	n/a
FNAM	Yes, sectoral bargaining only	Yes	Ad hoc	
RO	Hipocrat	Yes, both sectoral and company bargaining	Yes	Ad hoc

Country	Trade union	Collective bargaining	Consultation (Yes/No) (Ad hoc/Regular)	
	Solidaritetea Sanitara	Yes, both sectoral and company bargaining	Yes	Ad hoc
	Sanitas	Yes, both sectoral and company bargaining	Yes	Ad hoc
	Uniunea TESA Sanatate/CSN MERIDIAN	Yes, both sectoral and company bargaining	No	n/a
SE	Kommunal	Yes, sectoral bargaining only	Yes	Regular
	Förbundet Sveriges Arbetsterapeuter	Yes, sectoral bargaining only	Yes	Regular
	Psykologförbundet	Yes, sectoral bargaining only	Yes	Regular
	Fysioterapeuterna	Yes, sectoral bargaining only	Yes	Regular
	Sveriges Farmaceutförbundet	Yes, sectoral bargaining only	Yes	Regular
	Tandläkarförbundet	Yes, sectoral bargaining only	Yes	Regular
	Vårdförbundet	Yes, sectoral bargaining only	Yes	Regular
	Ledarna	Yes, sectoral bargaining only	Yes	Regular
	Läkarförbundet	Yes, sectoral bargaining only	Yes	Regular
	Unionen	Yes, sectoral bargaining only	No	n/a
	Vision	Yes, sectoral bargaining only	Yes	Regular
	Akademikerförbundet SSR	Yes, sectoral bargaining only	Yes	Regular
	SRAT	Yes, multi-employer bargaining only	n/a	n/a
	Akavia	n/a	n/a	n/a
	Naturvetarna	n/a	n/a	n/a
Sveriges Ingenjörer	n/a	n/a	n/a	
SI	FIDES	Yes, sectoral bargaining only	Yes	Ad hoc
	SZSVS	Yes, sectoral bargaining only	Yes	Ad hoc
	SZSSS	Yes, sectoral bargaining only	Yes	Ad hoc
	SDZNS	Yes, sectoral bargaining only	Yes	Ad hoc
	SZS PERGAM	Yes, sectoral bargaining only	Yes	Ad hoc
	DENS	Yes, sectoral bargaining only	Yes	Ad hoc
	PRAKTIK.UM	Yes, sectoral bargaining only	Yes	Ad hoc
SK	SOZ ZaSS	Yes, both sectoral and company bargaining	Yes	Regular
	LOZ	Yes, both sectoral and company bargaining	Yes	Regular
	OZ SaPA	Yes, both sectoral and company bargaining	Yes	Ad hoc
UK	UNISON	Yes, sectoral bargaining only	Yes	Ad hoc
	Unite	Yes, sectoral bargaining only	Yes	Ad hoc
	BMA	Yes, sectoral bargaining only	n/a	n/a
	RCN	Yes, sectoral bargaining only	Yes	Regular
	RCM	Yes, sectoral bargaining only	Yes	Ad hoc

Country	Trade union	Collective bargaining	Consultation (Yes/No) (Ad hoc/Regular)	
	GMB	Yes, sectoral bargaining only	Yes	Ad hoc
	BOS TU	Yes, sectoral bargaining only	Yes	Ad hoc
	BDA	Yes, sectoral bargaining only	Yes	Ad hoc
	SOR	Yes, sectoral bargaining only	Yes	Ad hoc
	MiP	Yes, sectoral bargaining only	Yes	Ad hoc

Note: n/a = not available.

Employer organisations

Table A3: Domain coverage and representativeness criteria/status of employer organisations in the human health sector, 2018

Country	Employer organisation	Domain Coverage	Representativeness status	Representativeness criteria
AT	VIO	Sectionalism	Yes	Fulfils criteria
	VPKA	Sectionalism	Yes	Fulfils criteria
	FVG	Sectionalism Overlap	Yes	Fulfils criteria
BE	SOVERVLAG	Sectionalism	Yes	n/a
	Zorgnet-Icuro	Sectionalism Overlap	Yes	Fulfils criteria
	Santhea	Sectionalism Overlap	Yes	Fulfils criteria
	WGK Vlaanderen	Sectionalism	Yes	n/a
	SOM	Sectionalism Overlap	Yes	n/a
	FASD	Sectionalism	Yes	n/a
	CVV	n/a	Yes	n/a
	MID	n/a	Yes	n/a
	BVZ	Sectionalism	Yes	Fulfils criteria
	UDB	Congruence	Yes	n/a
	UNESSA	Sectionalism	Yes	Fulfils criteria
	GIBBIS	Sectionalism Overlap	Yes	Fulfils criteria
UFLDB	n/a	Yes	Fulfils criteria	
BG	NAHE	Sectionalism	Yes	Fulfils criteria
	NUPH	Sectionalism Overlap	Yes	Fulfils criteria
DE	VKA	Overlap	Yes	Mutual recognition
	TdL	Sectionalism Overlap	Yes	Mutual recognition
	BDPK	Sectionalism	Yes	Mutual recognition
	AAA	Sectionalism	Yes	Mutual recognition

Country	Employer organisation	Domain Coverage	Representativeness status	Representativeness criteria
	AAZ	Sectionalism	n/a	n/a
DK	Danish Regions	Congruence	Yes	n/a
EE	EHL	Sectionalism	Yes	Mutual recognition
	EKL	Sectionalism	Yes	Mutual recognition
ES	ASPE	Sectionalism	n/a	n/a
FI	KT	Overlap	Yes	Mutual recognition
	VTML	Sectionalism Overlap	Yes	Mutual recognition
	Hyvinvointiala HALI ry	n/a	n/a	Mutual recognition
	Avainta	Sectionalism Overlap	Yes	Mutual recognition
FR	FHP	Congruence	Yes	Fulfils criteria
	SYNERPA	Congruence	Yes	Fulfils criteria
	FEHAP	Overlap	Yes	Fulfils criteria
	Présance (formerly CISMÉ)	Sectionalism	Yes	Fulfils criteria
	SDB	Sectionalism	Yes	Fulfils criteria
	SLBC	Sectionalism	Yes	Fulfils criteria
	SNMB	Sectionalism	Yes	Fulfils criteria
	CSMF	Sectionalism	Yes	Fulfils criteria
	MG France	Sectionalism	Yes	Fulfils criteria
	SML	Sectionalism	Yes	Fulfils criteria
	CDF (formerly CNSD)	Sectionalism	Yes	Fulfils criteria
	FDSL	Sectionalism	Yes	Fulfils criteria
	UD	Sectionalism	Yes	Fulfils criteria
	UNISSS	Sectionalism Overlap	Yes	Fulfils criteria
NEXEM	Sectionalism Overlap	Yes	Fulfils criteria	
Unicancer	Sectionalism	Yes	Fulfils criteria	
IE	HSE	Sectionalism	n/a	Fulfils criteria and mutual recognition
IT	ARAN	Sectionalism Overlap	Yes	Fulfils criteria and mutual recognition
	AIOP	Sectionalism Overlap	Yes	Mutual recognition
	ARIS	Sectionalism	Yes	Mutual recognition
	FDCG	Sectionalism	Yes	Mutual recognition
LT	NSPJA	Congruence	Yes	Mutual recognition
LU	FHL	Congruence	Yes	Mutual recognition
LV	LSB	Sectionalism	Yes	Mutual recognition
NL	NVZ	Sectionalism	Yes	Mutual recognition

Country	Employer organisation	Domain Coverage	Representativeness status	Representativeness criteria
	NFU	Sectionalism	Yes	Mutual recognition
	GGZ Nederland	Sectionalism Overlap	Yes	Mutual recognition
	InEen	Sectionalism	Yes	Mutual recognition
	LHV	Sectionalism	Yes	Mutual recognition
	ASKA	Sectionalism	Yes	Mutual recognition
	VZA	Sectionalism	Yes	Mutual recognition
	Bo	Sectionalism	Yes	Mutual recognition
PT	Grupo ACT Hospitais EPE	Sectionalism	Yes	Mutual recognition
	APHP	Sectionalism	Yes	Mutual recognition
	APAC	Sectionalism	Yes	Mutual recognition
	APOMEPA	Sectionalism	Yes	Mutual recognition
	FNS	Sectionalism	Yes	Mutual recognition
RO	PALMED	Congruence	No	n/a
SE	SKR (formerly SKL)	Overlap	Yes	Mutual recognition
	Sobona	Overlap	n/a	n/a
	Almega Vårdföretagarna	Sectionalism Overlap	Yes	Mutual recognition
	KFO	Sectionalism Overlap	Yes	Mutual recognition
SI	ZZS	n/a	Yes	Fulfils criteria
	SZZZS	Sectionalism	Yes	Mutual recognition
SK	ANS	Sectionalism	Yes	Fulfils criteria
	AŠN SR	Sectionalism	Yes	Fulfils criteria
UK	NHS Employers	Sectionalism	Yes	Mutual recognition

Table A4: Collective bargaining and consultation of employer organisations in the human health sector, 2018

Country	Employer organisation	Collective bargaining	Consultation (Yes/No) (Regular/Ad hoc)	
AT	VIO	Yes, sectoral bargaining only	n/a	n/a
	VPKA	Yes, sectoral bargaining only	n/a	n/a
	FVG	Yes, sectoral bargaining only	Yes	Regular
BE	SOVERVLAG	Yes, sectoral bargaining only	n/a	n/a
	Zorgnet-Icuro	Yes, sectoral bargaining only	Yes	Regular
	Santhea	Yes, sectoral bargaining only	Yes	Regular
	WGK Vlaanderen	Yes, sectoral bargaining only	Yes	Regular
	SOM	Yes, sectoral bargaining only	Yes	Regular
	FASD	Yes, sectoral bargaining only	Yes	Regular
	CVV	Yes, sectoral bargaining only	Yes	Regular

Country	Employer organisation	Collective bargaining	Consultation (Yes/No) (Regular/Ad hoc)	
	MID	Yes, sectoral bargaining only	n/a	n/a
	BVZ	Yes, sectoral bargaining only	Yes	Regular
	UDB	Yes, sectoral bargaining only	Yes	Regular
	UNESSA	Yes, sectoral bargaining only	Yes	Regular
	GIBBIS	Yes, sectoral bargaining only	Yes	Regular
	UFLDB	Yes, sectoral bargaining only	Yes	Regular
BG	NAHE	Yes, sectoral bargaining only	Yes	Regular
	NUPH	Yes, sectoral bargaining only	Yes	Ad hoc
DE	VKA	Yes, sectoral bargaining only	Yes	Ad hoc
	TdL	Yes, sectoral bargaining only	Yes	Ad hoc
	BDPK	Yes, sectoral bargaining only	Yes	Ad hoc
	AAA	Yes, sectoral bargaining only	No	n/a
	AAZ	Yes, sectoral bargaining only	No	n/a
DK	Danish Regions	Yes, sectoral bargaining only	Yes	Regular
EE	EHL	Yes, sectoral bargaining only	Yes	Regular
	EKL	Yes, sectoral bargaining only	Yes	Regular
ES	ASPE	Yes, sectoral bargaining only	No	n/a
FI	KT	Yes, sectoral bargaining only	Yes	Regular
	VTML	Yes, sectoral bargaining only	Yes	Regular
	Hyvinvointiala HALI ry	Yes, both sectoral and company bargaining	Yes	Regular
	Avainta	Yes, both sectoral and single-employer bargaining	n/a	n/a
FR	FHP	Yes, sectoral bargaining only	Yes	Ad hoc
	SYNERPA	Yes, sectoral bargaining only	Yes	Regular
	FEHAP	Yes, sectoral bargaining only	Yes	Ad hoc
	Présance (formerly CISME)	Yes, sectoral bargaining only	Yes	n/a
	SDB	Yes, sectoral bargaining only	Yes	n/a
	SLBC	Yes, sectoral bargaining only	Yes	n/a
	SNMB	Yes, sectoral bargaining only	Yes	n/a
	CSMF	Yes, sectoral bargaining only	Yes	n/a
	MG France	Yes, sectoral bargaining only	Yes	n/a
	SML	Yes, sectoral bargaining only	Yes	n/a
	CDF (formerly CNSD)	Yes, sectoral bargaining only	Yes	n/a
	FDSL	Yes, sectoral bargaining only	Yes	n/a
	UD	Yes, sectoral bargaining only	Yes	n/a
	UNISSS	Yes, sectoral bargaining only	Yes	n/a
	NEXEM	Yes, sectoral bargaining only	Yes	n/a
Unicancer	Yes, sectoral bargaining only	Yes	n/a	
IE	HSE	Yes, sectoral bargaining only	Yes	Regular

Country	Employer organisation	Collective bargaining	Consultation (Yes/No) (Regular/Ad hoc)	
			Yes	Ad hoc
IT	ARAN	Yes, sectoral bargaining only	Yes	Ad hoc
	AIOP	Yes, sectoral bargaining only	Yes	Regular
	ARIS	Yes, sectoral bargaining only	Yes	Regular
	FDCG	Yes, sectoral bargaining only	No	n/a
LT	NSPJA	Yes, single-employer bargaining only	Yes	Regular
LU	FHL	Yes, sectoral bargaining only	Yes	Ad hoc
LV	LSB	Yes, both sectoral and company bargaining	Yes	Regular
NL	NVZ	Yes, sectoral bargaining only	Yes	Ad hoc
	NFU	Yes, sectoral bargaining only	Yes	Ad hoc
	GGZ Nederland	Yes, sectoral bargaining only	Yes	Regular
	InEen	Yes, sectoral bargaining only	Yes	Regular
	LHV	Yes, sectoral bargaining only	Yes	Ad hoc
	ASKA	Yes, sectoral bargaining only	Yes	Ad hoc
	VZA	Yes, sectoral bargaining only	Yes	Ad hoc
	Bo	Yes, sectoral bargaining only	Yes	Ad hoc
PT	Grupo ACT Hospitais EPE	Yes, sectoral bargaining only	No	n/a
	APHP	Yes, sectoral bargaining only	No	n/a
	APAC	Yes, sectoral bargaining only	n/a	n/a
	APOMEPA	Yes, sectoral bargaining only	n/a	n/a
	FNS	Yes, sectoral bargaining only	No	n/a
RO	PALMED	Yes, sectoral bargaining only	Yes	Regular
SE	SKR (formerly SKL)	Yes, sectoral bargaining only	Yes	Regular
	Sobona	Yes, sectoral bargaining only	Yes	Regular
	Almega Vårdföretagarna	Yes, sectoral bargaining only	Yes	Ad hoc
	KFO	Yes, sectoral bargaining only	Yes	Regular
SI	ZZS	Yes, sectoral bargaining only	Yes	Regular
	SZZZS	Yes, sectoral bargaining only	Yes	Ad hoc
SK	ANS	Yes, sectoral bargaining only	Yes	Regular
	AŠN SR	Yes, sectoral bargaining only	Yes	Regular
UK	NHS Employers	Yes, sectoral bargaining only	Yes	Regular

Note: n/a = not available.

Table A5: Consultation and European affiliation of employer organisations/business associations in the human health sector, 2018

Country	Employer organisation/business association	Consultation		European affiliates
BE	ASBL	n/a	n/a	HOPE
CY	PASIN	No	n/a	
CZ	AKN	No	n/a	
	AČMN	No	n/a	
	ANČR	n/a	n/a	HOPE
EL	PEIK	Yes	Ad hoc	UEHP
FI	Kommunförbund	n/a	n/a	HOPE
FR	FHF	Yes	Regular	UEHP, HOPE
HR	UPUZ	Yes	Regular	
HU	EGVE	Yes	Ad hoc	
	Hungarian Association of Private Hospitals	n/a	n/a	UEHP
IE	Ibec	No	n/a	
	Private Hospitals Association	n/a	n/a	HOPE
LT	LIETUVOS LIGONINIŲ ASOCIACIJA	n/a	n/a	HOPE
PL	PES	Yes	Regular	HOPE
	OSSP	Yes	Regular	UEHP
	PZ	Yes	n/a	
PT	Associação Portuguesa para o Desenvolvimento Hospitalar	n/a	n/a	HOPE
RO	Asociatia Spitalelor din România	n/a	n/a	HOPE
SE	Föreningen Svensk Företagshälsövård	No	n/a	
SI	ZDRZZ	Yes	Ad hoc	HOPE

Note: n/a = not available.

Table 34: Number of employees in the human health sector by country

MS	Number of employees in different areas of the human health sector						
	All NACE 86 codes Entire sector	NACE 86.1 Hospitals	NACE 86.21 GP	NACE 86.22 Specialists	NACE 86.23 Dentists	NACE 86.9 Other human health activities	Local regional administration and related areas
AT	n/a	140,593	n/a	n/a	n/a	n/a	n/a
BE	201,796	110,000	n/a	n/a	n/a	n/a	n/a
BG	108,705	71,964	5,396	10,542	4,773	16,030	n/a
CY	8,019	2,864	389	1,591	1,185	1,990	0
CZ	291,366	141,094	15,322	28,027	15,834	91,089	n/a
DE	2,447,432	1,406,492 + 65,521 mini-job contracts	925,000 + 231,993 mini-job contracts			345,035 + 142,445 on mini-job contracts	n/a
DK	167,887	115,915	10,366	4,961	15,542	37,763	184,547
EE	33,363	22,642	2,736	2,535	3,050	2,673	22,682
EL	195,326	121,159	60,479			13,688	78,760
ES	993,000	80,900	34,932		36,689	171,000 nurses + 55,400 pharmacists	632,700
FI	172,000	90,528	43,743	11,603	3,794	15,213	~12,400
FR	1,305,803	1,148,658	22,684	134,461	n/a	n/a	n/a
HR	69,841 or 109,628	42,903	21,451	9,549	3,714	51,317	50–60%
HU	121,372	82,877	5,245	9,440	5,015	18,796	9,038
IE	157,000	56,259	n/a	~10,000	~300	n/a	~18,000
IT	1,311,244	782,629	38,902	233,415	98,400	157,898	n/a
LT	67,100	45,632	17,556	8,153	7,522	4,228	n/a
LU	12,850	8,700	340	880	790	2,140	n/a
LV	44,922	25,348	7,107	2,836	3,732	5,899	11,946
MT	8,668	7,748	280	47	163	430	n/a
NL	531,400	358,600	26,400	22,600	29,700	94,100	n/a
PL	n/a	n/a	n/a	n/a	n/a	n/a	n/a
PT	285,569	109,636	52,840	26,996	20,285	77,660	n/a
RO	n/a	256,114	4,970	11,350	141	1,735	144,385
SE	325,238	n/a	n/a	n/a	n/a	n/a	193,887
SI	42,994	24,896	10,863	2,231	2,178	2,826	n/a
SK	92,400	70,600	2,700	5,600	4,700	8,800	6,000–10,000
UK	4,164,165	1,022,914	33,423	n/a	42,700	147,130	n/a

Note: n/a = not available.

Source: Network of Eurofound Correspondents

Table A7: Number of employers in the human health sector by country

MS	Number of employers in different areas of the human health sector						
	NACE 86.10 Hospitals	Other health providers/ not hospitals	NACE 86.21/GP	NACE 86.22/Specialists	NACE 86.2/Dentists	NACE 86.90/Other human health	Local regional admin and related areas
AT	271	n/a	5,315	5,045	n/a	n/a	n/a
BE	221	n/a	n/a	n/a	n/a	n/a	n/a
BG	322	2,187	5,396	n/a	3,582	n/a	n/a
CY	71	3,343	297	985	745	1,313	0
CZ	193	31,887	6,582	9,605	5,788	9,912	?
DE	3,318 (via company register) or 1,942 (DKG)	n/a	33,476	53,925	42,769	67,732	n/a
DK	39	16,930	n/a	n/a	n/a	n/a	n/a
EE	53	1,387	452	305	488	142	49
EL	280	unclear	36,287	5,496	n/a	n/a	n/a
ES	453	13,127	80,744	n/a	n/a	17	
FI	256	n/a	39 + public sector institutions	4,651 + public sector institutions	1,570 + public sector institutions	8,954 + public sector institutions	n/a
FR	3,065	n/a	n/a	n/a	n/a	n/a	n/a
HR	67	8,346	1,071	1,246	3,714	2,315	50–60%
HU	167	n/a	7,994	6,259	4,614	9,974	n/a
IE	76	~2,000	~2,000	n/a	1,700	~2,000	n/a
IT	561	509	54,063	185,579	48,559	424,096	n/a
LT	96 or 107	n/a	352	517	1,412	183	n/a
LU	10	n/a	n/a	n/a	n/a	25	n/a
LV	63	n/a	1,629	1,056	875	1,430	n/a
MT	19	884	553	20	161	150	n/a
NL	390	n/a	n/a	n/a	n/a	n/a	n/a
PL	957	n/a	n/a	n/a	n/a	n/a	n/a
PT	225	89,550	9,964	17,163	9,458	52,965	n/a
RO	576	n/a	1,906	4,397	3,997	2,284	2,284?
SE	97	29,627	6,343	4,071	2,981	16,232	not clear
SI	30	5,240	477	1,131	1,051	1,539	n/a
SK	117	10,150	2,781	4,085	2,296	966	22
UK	1,094	210	7,454	1 (NHS)	n/a	1 (NHS)	418?

Note: n/a = not available.

Source: Network of Eurofound Correspondents

Table A8: Coverage of sectoral activities of different European associations

Trade union organisations	Entire hospital sector	86.1 Hospitals	86.21 GP	86.22 Specialists	86.23 Dental	86.90 Other
All national trade union organisations	21 TU	185 TU	116 TU	126 TU	91 TU	159 TU
	27 MS + UK	27 MS + UK	24 MS + UK	27 MS + UK	23 MS + UK	26 MS + UK
Members of EPSU	68 TU	68 TU	40 TU	45 TU	30 TU	60 TU
	26 MS + UK	26 MS + UK	10 MS + UK	23 MS + UK	16 MS + UK	24 MS + UK
Members of UNI Europa	23 TU	17 TU	15 TU	14 TU	18 TU	19 TU
	14 MS + UK	12 MS + UK	10 MS	9 MS	11 MS	13 MS + UK
Members of CESI	16 TU	16 TU	7 TU	7 TU	6 TU	12 TU
	9 MS	9 MS	6 MS	6 MS	5 MS	7 MS
Members of CESI & Eurofedop	21 TU	21 TU	9 TU	10 TU	9 TU	17 TU
	11 MS	11 MS	7 MS	8 MS	6 MS	9 MS
Employer organisations	Entire hospital sector	86.1 Hospitals	86.21 GP	86.22 Specialists	86.23 Dental	86.90 Other
All national employer organisations	(not in CY, CZ, EL, HR, HU, MT, PL)	46 EO 20 MS + UK	31 EO 15 MS	32 EO 16 MS + UK	42 EO 17 MS	25 EO 14 MS
Members of HOSPEEM	12 EO	12 EO	6 EO	8 EO	6 EO	6 EO
	10 MS + UK	10 MS + UK	6 MS	7 MS + UK	6 MS	6 MS
Members of HOPE	11 EO	10 EO	4 EO	7 EO	3 EO	4 EO
	10 MS + UK	9 MS + UK	4 MS	6 MS + UK	3 MS	4 MS
Members of UEHP	6 EO	6 EO	5 EO	4 EO	4 EO	5 EO
	6 MS	6 MS	5 MS	4 MS	4 MS	5 MS
Members of CEEP	9 EO	8 EO	6 EO	7 EO	6 EO	6 EO
	6 MS + UK	6 MS + UK	4 MS	4 MS + UK	4 MS	4 MS

Notes: There are no sector-related employer organisations in Croatia, Cyprus, Czechia, Greece, Hungary, Malta or Poland. HOSPEEM has member organisations in Bulgaria, Denmark, Finland, France, Germany, Ireland, Italy, Latvia, Lithuania, the Netherlands, Sweden and the UK. HOPE has member organisations in Bulgaria, Denmark, Estonia, France, Germany, Latvia, Luxembourg, the Netherlands, Slovakia, Sweden and the UK. UEHP has member organisations in Austria, Germany, Italy, Portugal, Romania and Spain. CEEP has member organisations in Belgium, Denmark, Finland, Germany, Italy, Sweden and the UK. GP = general medical practice; EO = employer organisation; TU = trade union; MS = Member State.

Source: Tables 6A, 6B, 18 and 21 for trade unions; Tables 9A, 9B, 23 and 25 for employer organisations

Table A9: Sectoral densities of trade unions affiliated and not affiliated to EPSU

Country	Trade unions affiliated to EPSU		Trade unions not affiliated to EPSU	
AT	GÖD-FSG	7%		
	GPA-djp	n/a	ÖÄK	16%
	Younion	8%	GÖD-FCG	11%
	Vida	7%		

Country	Trade unions affiliated to EPSU		Trade unions not affiliated to EPSU	
	VAAÖ	1%		
BE	ACV Openbare Diensten/CSC Services publics	n/a	ACLVB/CGSLB	7%
	ACOD-CGSP	n/a		
	BBTK-SETCa	n/a		
	LBC-NVK	n/a		
	VSOA LRB	n/a		
	CNE-Non-Marchand	19%		
BG	FTU-HS	16%		
	MF-PODKREPA	8%		
CY	PASYDY	16%	PASYEK-PEO	4%
	PASYNO	12%	OYIK-SEK	3%
			COMPANYETTYK – PEO	2%
CZ	OSZSP ČR	7%	LOK-SČL	2%
DE	ver.di	n/a	DHV	n/a
	MB	4%	dbb	n/a
			GÖD	n/a
			VmF	1%
DK	DSR	23%		
	FOA	12%	YL	7%
	HK	5%	DP	6%
	DBIO	3%	FAS	5%
	3F	2%	Pharmadanmark	4%
	SL	1%	Danske Fysioterapeuter	4%
			Danish Diet & Nutrition Association	3%
			TF	2%
			Farmakonomforeningen	2%
			PLO	2%
			Danish Association of Midwives	1%
			DKF	1%
			DJØF	1%
			ATO	0
		TL	0	
EE			EÖL	12%
			EAL	12%
			ETK	11%
EL	POEDIN	43%		
ES	FSS-CCOO	9%	SAE	5%
	FeSP-UGT	6%	SATSE	12%
			CSIF	n/a

Country	Trade unions affiliated to EPSU		Trade unions not affiliated to EPSU	
			ELA	n/a
			CIG	n/a
			USO	n/a
FI	Tehy	34%	SLL	9%
	JHL	7%	SF	3%
	SuPer	6%	STHL	3%
	Jyty	3%	SHL	2%
			Suomen Toimintaterapeutit	1%
			Finnish Psychological Association	1%
			ERTO	1%
			SPTL	1%
			STTHL	0
			Pro	0
FR	CGT Santé Sociaux	n/a	SUD Santé Sociaux	n/a
	FO Santé Sociaux/SPS FO	n/a	CFE-CGC	n/a
	CFDT Santé Sociaux	n/a	SNPST	n/a
	UNSA Santé Sociaux	n/a	CGTG	n/a
			UGTG	n/a
			Fédération FO Pharmacie	n/a
			FNAS-FO	n/a
			FEC-FO	n/a
			FNIC CGT	n/a
			Fédération CGT des personnels des organismes sociaux	n/a
			SNISPAD	n/a
			FA-FPH	n/a
			FGAM	n/a
		CFTC Santé Sociaux	n/a	
HR	HSSMS-MT	15%	SSZSSH	13%
			HLS	4%
			SZH	1.5%
HU			MSZ EDDSZ	3%
			MÖSZ	1%
			MKKSZ	0.1%
IE	SIPTU	31%	PNA	4%
	INMO	25%		
	Fórsa	19%	Unite	2%
	IMO	3%		
IT	FP-CISL	8%	CIVEMP	n/a
	FP-CGIL	5%	FESMED	n/a

Country	Trade unions affiliated to EPSU		Trade unions not affiliated to EPSU	
	FPL-UIL	4%	CIMO-ASMD	n/a
			ANAAO ASSOMED	n/a
			ANPO	n/a
			CONFEDIR SANITA	n/a
			CIMOP	n/a
			SIDir.S.S.	n/a
			Si.Na.Fo.	n/a
			NurSind	3%
			Fials	3%
			Nursing Up	2%
			FSI-Sanità	1%
			UGL Sanità	0%
		CISAL-FPC, Fisacat Cisl, FILCAMS CGIL, and UILTuCs	n/a	
LT	LSADPS	5%	LGS	10%
			LMDPS	6%
			LSSO	6%
			MJDPS 'Solidarumas'	3%
			LSAPSF	1%
LU	OGB-L	35%	LCGB	12%
LV	LVSADA	26%	LĀADA	4%
MT	GWU	n/a	UHM	n/a
			MCP	n/a
			MUMN	0%
			MAM	0%
NL	FNV Zorg & Welzijn	27%	FBZ	6%
	NU '91	7%	CNV Zorg & Welzijn	5%
			NVDA	1%
			NVvPO	n/a
PL	FZZOziPS	0%		
	OZZPiP	12%	SOZ NSZZ Solidarność	5%
			OZZL	0%
			KP OPZZ	n/a
PT	SEP	6%	FNSTFPS	20%
	SINTAP	n/a	SIM	n/a
	STAL	n/a	SINDITE	n/a
	STE	n/a	SE	n/a
			SIPE	n/a
			SINDEPOR	n/a
			SIFAP	n/a

Country	Trade unions affiliated to EPSU		Trade unions not affiliated to EPSU	
			FEPCES	n/a
			FETESE	n/a
			FESAHT	n/a
			SNP	n/a
			STSSSS	n/a
			STSS	n/a
			ASPAS	n/a
			SITAS	n/a
			SERAM	1%
			FNAM	n/a
RO	Sanitas	30%	Solidaritatea Sanitara	6%
	Hipocrat	2%	Uniunea TESA Sanatate	2%
SE	Vårdförbundet	20%	Läkarförbundet	12%
	Kommunal	19%	Fysioterapeuterna	4%
	Vision	9%	Psykologförbundet	3%
	Akademikerförbundet SSR	2%	Sveriges Farmaceutförbund	2%
			Tandläkarförbundet	2%
			Förbundet Sveriges Arbetsterapeuter	2%
			Unionen	1%
			Ledarna	0%
			SRAT	n/a
			Akavia	n/a
			Naturvetarna	n/a
		Sveriges Ingenjörer	n/a	
SI	SZS PERGAM	13%	SZSVS	21%
			SDZNS	15%
			FIDES	4%
			SZSSS	n/a
			DENS	n/a
			PRAKTIK.UM	n/a
SK	SOZ ZaSS	16%	LOZ	2%
			OZ SaPA	n/a
UK	UNISON	20%	BMA	7%
	RCN	19%	SOR	1%
	Unite	4%	BDA	0
	RCM	2%	MiP	0
	GMB	1%	BOS TU	0

Note: n/a = not available.

Source: Authors' own calculations based on the Network of Eurofound Correspondents' national contributions, 2018

Table A10: Sector-related bipartite and tripartite social dialogue structures

MS	Name of body/agreement	Bipartite or tripartite	Domain of activity	Origin	Trade unions participating	Employer organisations participating
BE	Joint committee 330	Bipartite	Collective bargaining/ signing collective agreements	Statutory	Caritas Catholica Vlaanderen, Belgische Vereniging der Ziekenhuizen, Unie van Dentaaltechnische Bedrijven, Union Francophone des Laboratoires Dentaires de Belgique, Socialistische Vereniging van Vlaamse Gezondheidsvoor-zieningen, UNESSA, UFLDB, BBTK-SETCa, LBC-NVK, CNE, ACLVB-CGSLB	Info not provided
	Committee C	Bipartite/tri partite	Collective bargaining for the public sector/negotiating protocols	Statutory	ACV Openbare Diensten/CSC Services publics, ACOD-CGSP, VSOA	Info not provided
	Sociaal Fonds Dentaaltechniek	Bipartite	Training, employment, social fund	Statutory	CNE, LBC-NVK, ACLVB-CGSLB, BBTK-SETCa, UFLDB	Info not provided
	Sociaal Fonds Ouderenzorg	Bipartite	Training, employment, social fund	Statutory	BBTK-SETCa, LBC-NVK, CNE, ACLVB-CGSLB, GIBBIS, UNESSA, Zorgnet-Icuro, Santhea	Info not provided
	Sociaal Fonds voor de Gezondheidsinrichtingen en -diensten	Bipartite	Training, employment, social fund	Statutory	BBTK-SETCa, LBC-NVK, CNE, ACLVB-CGSLB, GIBBIS, SOM, VERSO, UNESSO	Info not provided
	Intersectoraal Fonds voor de Gezondheidsdiensten	Bipartite	Training, employment, social fund	Statutory	BBTK-SETCa, LBC-NVK, CNE, ACLVB-CGSLB, GIBBIS, Zorgnet-Icuro, Wit-Gele Kruis Vlaanderen	Info not provided
	Sociaal Fonds voor de Privé-Ziekenhuizen	Bipartite	Training, employment, social fund	Statutory	BBTK-SETCa, LBC-NVK, CNE, ACLVB-CGSLB, GIBBIS	Info not provided
	Overlegcomité Welzijn, Volksgezondheid en Gezin	Tripartite	Input from social partners in policymaking	Statutory	ACV Openbare Diensten/CSC Services publics, ACOD-CGSP, VSOA	Info not provided
	Fonds Sociale Maribel	Bipartite	Training, employment, social fund	Statutory	BBTK-SETCa, LBC-NVK, CNE, ACLVB-CGSLB, GIBBIS	Info not provided
	Sectoraal Spaarfonds van de Federale Sectoren	Bipartite	Training, employment, social fund	Statutory	BBTK-SETCa, LBC-NVK, CNE, ACLVB-CGSLB	Info not provided
	Sociaal Fonds voor de privé-rusthuizen en de rust- en verzorgingstehuizen	Bipartite	Training, employment, social fund	Statutory	BBTK-SETCa, LBC-NVK, CNE, ACLVB-CGSLB, GIBBIS	Info not provided
BG	Sector Tripartite Cooperation Council	Tripartite	Health and safety, equal opportunities, labour market, social security and pensions, vocational training/continuing vocational training	Regulation for the functioning of the National Tripartite Cooperation Council	Medical Federation – Podkrepa, Federation of Trade Unions – Health Services (FTU-HS)	National Union of Private Hospitals, National Association of Healthcare Employers

MS	Name of body/agreement	Bipartite or tripartite	Domain of activity	Origin	Trade unions participating	Employer organisations participating
CZ	Working team on health in RSHD	Tripartite	Wages and salaries of healthcare workers, personnel stabilisation and hospital management, legislation, the labour market – especially the lack of doctors and nurses, health and safety, hygiene issues, education of doctors and nurses	Statutory	ČMKOS (through OSZSP ČR), LOK-SČL	KZPS (through the healthcare section of UZS ČR), SP ČR
	Plenary session of RSHD ČR	Tripartite	Health and economic issues, medical issues, management issues, information and legal-deontological framework	Statutory	ČMKOS	KZPS ČR (through the healthcare section of UZS ČR), SP ČR
DK	Vocational Training Committee for Nutrition Assistants	Bipartite	Nutrition assistants in hospitals	Statutory	Union of Nutritionists	Danish Regions, Local Government Denmark (KL)
	Vocational Training Committee for Hospital Technical Assistants	Bipartite	Audiologist assistants, neuro-physiologist assistants	Statutory	Danish Trade and Labour (FOA), Danish Association of Professional Technicians (TL)	Danish Regions
	Trade Community for Working Environment in Welfare and Public Administration	Tripartite	Public sector activities	Statutory	Confederation of Professional Associations (Akademikerne, AC), Danish Medical Association (Lægeforeningen – YL, FAS, PLO), Danish Federation of Early Childhood Teachers and Youth Educators (BUPL), Danish Teachers' Union (DLF), Danish Nurses' Organisation (DSR), National Federation of Social Educators in Denmark (SL), Association of School Managers (Skoleledereforeningen), Danish Association of Masters and PhDs (DM), Danish Association of Biomedical Laboratory Scientists (DBIO), Danish Trade and Labour (FOA), Union of Clerical and Commercial Employees in Denmark (HK), Danish Trade Union Confederation (FH), Uddannelses-forbundet, Kost- og Ernæringsforbundet, Danish Diet & Nutrition Association, United Federation of Danish Workers, 3F, Organisation of Public Employees (OAO)	Danish Regions, Agency for Modernisation – Ministry of Finance, Moderniseringsstyrelsen

MS	Name of body/agreement	Bipartite or tripartite	Domain of activity	Origin	Trade unions participating	Employer organisations participating
EE	Estonian Qualifications Authority	Tripartite	Wages and salaries of healthcare workers, personnel stabilisation and hospital management, legislation, the labour market – especially the lack of doctors and nurses, health and safety, hygiene issues, education of doctors and nurses	Statutory	Estonian Medical Association (EAL), Union of Estonian Healthcare Professionals (ETK), Estonian Nurses Union (EÕL), some professional associations	Estonian Hospitals Association (EHL)
	Advisory Committee for the Council of the Estonian Health Insurance Fund (HUIF)	Tripartite	Advises on strategic decisions of the EHIF, including its strategy and budget principles	Agreement (decision of the Council)	Estonian Medical Association (EAL), Union of Estonian Healthcare Professionals (ETK), Estonian Nurses Union (EÕL), some professional associations	Estonian Hospitals Association (EHL), Union of Estonian Medical Emergency Services (EKL)
EL	Central Board of Health (KESY)	Tripartite	Primary responsibility in all matters regarding the educational process of health personnel	Law No. 1278/1982 (105 A)	Pan-Hellenic Federation of Public Hospital Employees (POEDIN), Hospital Doctors Federation (OENGE), General Confederation of Greek Workers (GSEE), Pan-Hellenic Confederation of Unions of Agricultural Cooperatives (PASEGES), Supreme Administration of Compounds of Public Employees (ADEDY)	Pan-Hellenic Medical Association (PIS), Hellenic Dental Association (HAD), Pan-Hellenic Pharmaceutical Association (PFS), Confederation of Professionals, Craftsmen and Merchants (GSEVEE)
	National Health and Safety Council (SYAE)	Tripartite	All occupational health and safety matters	Law No. 1568/1985, Joint Ministerial Decision 88555/3293/1988	GSEE, ADEDY, ⁴⁷ POE-OTA	SEV, SVVE, ⁴⁸ ESEE, GSEVEE, SETE
	Committee on Undeclared Work	Tripartite	Undeclared and partially undeclared work in Greece	Labour Inspectorate (May–July 2015)	GSEE, OSNIE	SEV, ESEE, GSEVEE, SETE
	Committee Drafting the Bill on the Modernisation and Reform of the	Bipartite	Private clinics	Ministry of Health (May–July 2018) ⁴⁹		PEIK, other institutions active in the field (e.g. Pan-Hellenic

⁴⁷ POEDIN participates with a representative, through the third-level trade union organisation of civil servants.

⁴⁸ Pursuant to Ministerial Decision 54816/D1/18865-19.10.2018, the expansion of the Ministry of Labour's collective bodies is approved due to the recognition of the Federation of Industries of Northern Greece as a social partner. The process has not yet been completed.

⁴⁹ The Bill on the Operational Framework of Private Clinics and the corresponding framework for public hospitals were prerequisites set by the Institutions for the completion of the Fourth Evaluation.

MS	Name of body/agreement	Bipartite or tripartite	Domain of activity	Origin	Trade unions participating	Employer organisations participating
	Institutional Framework of Private Clinics					Medical Association)
ES	Advisory Committee of the National Health System	Tripartite	National health system	Statutory	FSS-CCOO, FeSP-UGT	CEOE, CEPYME
	Training agreement in the private healthcare sector	Bipartite	Training	Agreement	FSS-CCOO, FeSP-UGT, SATSE, CSIF	ASPE
FI	National Forum for Skills Anticipation for the Social and Healthcare Sector	Tripartite	Expert body for healthcare anticipation	Statutory	Hammaslääkäriliitto, SuPer, JHL, Tehy, FMA, Terveystieteiden tutkimuskeskus	HALI
FR	CNPE-FP de la branche de l'hospitalisation privée sanitaire et médico-sociale à statut commercial	Bipartite	Employment and vocational training	Agreement	CGT, FO, Fédération des services de santé et des services sociaux CFDT (FSS CFDT)	Fédération de l'hospitalisation privée (FHP), Syndicat national des établissements et résidences privés pour personnes âgées (SYNERPA)
	Actalians	Bipartite	Financing of vocational training	Agreement	CFTC Santé Sociaux (FSS), Fédération des services de santé et des services sociaux CFDT (FSS CFDT)	Fédération de l'hospitalisation privée (FHP), Syndicat national des établissements et résidences privés pour personnes âgées (SYNERPA)
	CNPE-FP	Bipartite	Employment and vocational training	Agreement	Fédération des services de santé et des services sociaux (FSS CFDT), CGT Santé Sociaux, FO Santé Sociaux/SPS FO, Fédération française de la santé et de l'action sociale CFE-CGC	FEHAP
	UNIFAR	Bipartite	Financing of vocational training	Agreement	Fédération des services de santé et des services sociaux (FSS CFDT), CGT Santé Sociaux, FO Santé Sociaux/SPS FO, Fédération française de la santé et de l'action sociale CFE-CGC	FEHAP
HU	National Public-Service Interest Reconciliation Council (Országos Közzolgálati Érdekegyeztető Tanács, OKÉT)	n/a	n/a	n/a	n/a	n/a
IE	National Joint Committee	Tripartite/bipartite	Public human health sector industrial relations	Agreement	INMO, Fórsa, SIPTU, IMO, craft unions	HSE
LU	Quadripartite Committee	Quadripartite	Entire sector	Social Insurance Code (Article 80)	OGB-L, LCGB	FHL

MS	Name of body/agreement	Bipartite or tripartite	Domain of activity	Origin	Trade unions participating	Employer organisations participating
LV	Consultative Council with the Ministry of Healthcare	Tripartite	Healthcare	Statutory	LVSADA	LSB, VADDA
PL	Tripartite Team for Healthcare	Tripartite	All issues related to the healthcare system	Agreement	FZZ, NSZZ Solidarność, OPZZ	BCC, Confederation Lewiatan, Employers of Poland, Polish Crafts Association (ZRP), Union of Entrepreneurs and Employers
	Sub-team for Healthcare within the Public Services Team of Social Dialogue Council	Tripartite	All issues related to the healthcare system	Agreement based on the Social Dialogue Council regulation	FZZ, NSZZ Solidarność, OPZZ	BCC, Confederation Lewiatan, Employers of Poland, Polish Crafts Association (ZRP), Union of Entrepreneurs and Employers
RO	Sectoral Committee for Healthcare and Social Assistance	Bipartite	Occupational standards, professional training, labour market	Statutory (Government Emergency Ordinance 28/2009)	Public Administration Trade Union Federation (Publisind)	Psychologists' College, National College of Social Assistants (professional associations rather than employer organisations)
	Committee for Social Dialogue, constituted at the level of Ministry of Public Health	Tripartite	All legal aspects concerning the sector, e.g. wages, pensions, working conditions, equal opportunities	Statutory	Sanitas Federation, Solidaritatea Sanitas Federation, Public Administration Trade Union Federation (Publisind)	UGIR
SE	Suntarbetsliv (a healthy working life)	Bipartite	Work environment programmes for municipalities and county councils/regions	Agreement	Kommunal, Ledarna, Akademikerförbundet Sveriges Socionomers Riksförbund, Vårdförbundet, Sveriges Läkarförbund, Vision, Legitimerade Sjukgymnasters Riksförbund, Läraryförbundet Akademikeralliansen	SKR (formerly SKL) (SALAR) Sobona
	Work Environment Council (Arbetsmiljörådet, AMR)	Bipartite	Strategic work environment and collaboration issues within the municipal sector	Agreement	Kommunal, Ledarna, Akademikerförbundet Sveriges Socionomers Riksförbund, Vårdförbundet, Sveriges Läkarförbund, Vision, Legitimerade Sjukgymnasters Riksförbund, Läraryförbundet, Akademikeralliansen	SKR (formerly SKL) (SALAR)
SK	Economic and Social Council	Tripartite	Changes concerning employment, working conditions, wages and social policy issues in the	Statutory	SOZ ZaSS via membership of KOZ SR	ANS and ASL SR via membership of AZZZ SR

MS	Name of body/agreement	Bipartite or tripartite	Domain of activity	Origin	Trade unions participating	Employer organisations participating
			country, including the health sector			
	Sectoral Economic and Social Council in the Healthcare Sector	Tripartite	All relevant issues concerning the sector	Agreement. Established by the Ministry of Healthcare	SOZ ZaSS	ANS, AŠN SR, ASL SR and the Ministry of Healthcare
UK	National Social Partnership Forum	Tripartite	Development and implementation of workforce policies	Partnership Agreement, July 2016	UNISON, Unite, GMB, BMA, RCN, RCM, BDA, Society of Radiographers	NHS Employers
	NHS Staff Council	Tripartite	Overall responsibility for the Agenda for Change pay system	In January 2004, the Department of Health announced that responsibility for negotiating staff terms and conditions was to be devolved to the NHS Staff Council	UNISON, Unite, GMB, BMA, RCN, RCM, BDA, BIOS, HCSA, Society of Radiographers	NHS Employers

Note: n/a = not available.

Annex 2: Organisation names and abbreviations

Table A11: Trade unions in the human health sector

Country	Abbreviation	Full organisation name/description in English
AT	ÖÄK	Austrian Chamber of Doctors – Employee Grouping
	GPA-djp	Union of Salaried Employees, Graphical Workers and Journalists
	Vida	Vida Trade Union
	Younion	Younion – Die Daseinsgewerkschaft
	VAAÖ	Austrian Association of Employed Pharmacists
	GÖD	Union of Public Employees
BE	ACLVB-CGSLB	General Federation of the Liberal Trade Unions of Belgium
	CNE-Non-Marchand	National White Collar Federation (Non-Profit)
	ACV Openbare Diensten/CSC Services publics	General Christian Trade Union – Public Services
	ACOD-CGSP	General Federation of Public Services
	BBTK-SETCa	Union of Employees, Technicians and Executives
	LBC-NVK	National Confederation for Employees
	VSOA LRB	Free Syndicate for the Public Service (Local and Regional Authorities)
BG	FTU-HS	Federation of Trade Unions – Health Services
	MF-PODKREPA	Medical Federation – Podkrepa
CY	PASEY-PEO	Cyprus Trade Union of Employees in Services
	SEBETTYK-PEO	Cyprus Union of Workers in Industry, Trade, Press and Printing and General Services
	OYIK-SEK	Cyprus Federation of Private Employees
	PASYDY	Pancyprian Public Servants Trade Union
	PASYEK-PEO	Cyprus Trade Union of Workers-Employees in Governmental, Military and Social Institutions
	PASYNO	Cyprus Nurses Trade Union
CZ	OSZSP ČR	Trade Union of Health Service and Social Care in Czechia
	LOK-ŠČL	Czech Doctors' Trade Union
DE	ver.di	United Services Union
	MB	Association of Salaried Civil Service Medical Doctors
	VmF	Association of Skilled Medical Occupations
	DHV	German Association of Employees in Trade and Industry
	dbb	German Civil Servants Union and Wage Union
	GÖD	Public Sector and Services Union
DK	YL	Danish Association of Junior Hospital Doctors
	PLO	Organisation of General Practitioners in Denmark
	FAS	Danish Association of Medical Specialists
	DSR	Danish Nurses' Organisation

Country	Abbreviation	Full organisation name/description in English
	TF	Danish Dental Association
	ATO	Employed Dentists' Organisation
	Danske Fysioterapeuter	Association of Danish Physiotherapists
	DKF	Danish Chiropractors' Association
	DP	Danish Psychological Association
	Pharmadanmark	Pharmadanmark
	Farmakonomforeningen	Danish Association of Pharmaconomists
	DJØF	Danish Association of Lawyers and Economists
	DBIO	Danish Bioanalysts
	Danish Diet & Nutrition Association	Danish Diet & Nutrition Association
	Danish Association of Midwives	Danish Association of Midwives
	3F	Danish Federation of United Workers
	HK	HK Municipal
	TL	Danish Association of Professional Technicians
	FOA	Danish Trade and Labour
SL	National Federation of Social Educators in Denmark	
EE	EAL	Estonian Medical Association
	EÕL	Estonian Nurses Union
	ETK	Union of Estonian Healthcare Professionals
EL	POEDIN	Pan-Hellenic Federation of Public Hospital Workers
ES	FSS-CCOO	Federation of Citizen Services of the Trade Union Confederation of Workers' Commissions
	FeSP-UGT	Federation of Public Services Employees – General Workers' Union
	SATSE	Spanish Trade Union of Nursing Professionals
	CSIF	Spanish Central Independent and Public Employees' Trade Union
	ELA	Basque Workers Solidarity
	CIG	Galician Unions Confederacy
	USO	Syndicated Workers' Union
	SAE	Union of Nursing Technicians
FI	Tehy	Union of Health and Social Care Professionals in Finland
	SuPer	Finnish Union of Practical Nurses
	SLL	Finnish Medical Association (FMA)
	SHL	Finnish Dental Association
	JHL	Trade Union for the Public and Welfare Sectors
	SPTL	Finnish Association of Speech and Language Therapists
	STHL	Finnish Association of Public Health Nurses
	SF	Finnish Association of Physiotherapists
	Suomen Toimintaterapeutit	Finland's Occupational Therapists

Country	Abbreviation	Full organisation name/description in English
	STTHL	Finnish Association of Occupational Health Nurses (FAOHN)
	Jyty	Federation of Public and Private Sector Employees
	Pro	Trade Union Pro
	Finnish Psychological Association	Finnish Psychological Association
	ERTO	Union of Private Sector Professionals
FR	CGT Santé Sociaux	Federation of Health and Social Action – General Confederation of Labour
	FO Santé Sociaux/SPS FO	Federation of Public Services and Health Services – Workers’ Force
	CFDT Santé Sociaux	French Democratic Confederation of Labour – Social Health Services
	SUD Santé Sociaux	National Health and Social Service Workers’ Federation – Solidarity, Unity, Democracy
	UNSA Santé Sociaux	Union of Autonomous Trade Unions – Health and Social Services
	CFTC Santé Sociaux	National Federation of Christian Trade Unions of Active and Retired Health and Social Services Personnel
	CFE-CGC	French Federation of Health and Social Action
	SNPST	National Union of Occupational Health Professionals
	CGTG	General Confederation of Labour of Guadeloupe
	UGTG	General Union of Workers of Guadeloupe
	Fédération FO Pharmacie	Federation of Pharmacy, Medical Analysis and Biology Laboratories, Leather and Clothing
	FNAS-FO	National Federation of Social Action/Workers’ Force
	FEC-FO	Federation of Employees and Managers/Workers’ Force
	FNIC CGT	National Federation of Chemical industries – General Confederation of Labour
	Fédération CGT des personnels des organismes sociaux	CGT Federation of the Staff of Social Organisations
	SNISPAD	Independent National Federation of Trade Unions of Dental Technicians and Dental Assistants
	FA-FPH	Autonomous Federation of Public Hospitals
UFAS (FGAF)	CGC Federal Autonomous Health Union/Autonomous General Federation of Civil Servants	
HR	HLS	Croatian Medical Union
	SSZSSH	Autonomous Trade Union in Health Service and Social Protection Service
	HSSMS-MT	Croatian Professional Trade Union of Medical Nurses and Medical Technicians
	SZH	Trade Union of Health of Croatia
HU	MKKSZ	Trade Union of Hungarian Civil Servants and Public Employees
	MSZ EDDSZ	Democratic Trade Union of Hungarian Employees, Health and Social Workers
	MÖSZ	Independent Trade Union of Ambulance Workers
IE	INMO	Irish Nurses and Midwives Organisation
	SIPTU	Services Industrial Professional and Technical Union

Country	Abbreviation	Full organisation name/description in English
	Fórsa	Force
	IMO	Irish Medical Organisation
	Unite	Unite
	PNA	Psychiatric Nurses Association
IT	FP-CGIL	Public Employment Union – Italian General Confederation of Labour
	FP-CISL	Public Employment Union – Italian Confederation of Workers’ Trade Unions
	FPL-UIL	Federation of Local Powers – Italian Union of Labour
	FILCAMS CGIL	Italian Federation of Commerce, Hotel and Service Workers
	Fisacat Csil	Italian Federation of Commercial and Related Services and Tourism
	UILTuCS	Italian Union of Tourism, Commerce and Service Workers
	Nursing Up	National Association of Nursing Health Professionals
	NurSind	Trade Union for Nursing Professions
	FSI-Sanità	Independent Trade Union Health Federation
	Fials	Italian Federation of Local Government and Healthcare
	UGL Sanità	General Union of Labour – Healthcare Sector
	CIVEMP	Italian Confederation of Veterinary Surgeons and Preventative Medics
	FESMED	Union Federation of Executive Medical Personnel
	CIMO-ASMD	Italian Coordination of Hospital Medics – Trade Union Association of Medical Managers
	ANAAO ASSOMED	Association of Medical and Executive Staff of the NHS
	ANPO	National Association of Head Physicians
	CONFEDIR SANITA	Autonomous Confederation of Executives in the Public Administration – Healthcare Sector
	CIMOP	Italian Confederation of Physicians in the Private Hospital Sector
	SIDir.S.S.	Union for Executive Non-Medical Staff in the Regions and the Healthcare Sector
	Si.Na.Fo.	National Union of Pharmacists in the NHS
CISAL-FPC	Italian Confederation of Autonomous Trade Unions – Central Public Functions	
LT	LSADPS	Lithuanian Trade Union of Healthcare Employees
	LSSO	Lithuanian Nurses’ Organisation
	MĮDPS ‘Solidarumas’	Trade Union ‘Solidarumas’ of Employees of Medical Institutions
	LGS	Union of Lithuanian Doctors
	LSAPSF	Lithuanian Federation of Healthcare Trade Unions
	LMDPS	Trade Union of Lithuanian Medical Employees
LU	OGB-L	Health, Social and Educational Services Union of the Independent Luxembourg Trade Union Confederation
	LCGB	Luxembourg Confederation of Christian Trade Unions
LV	LVSADA	Trade Union of Health and Social Care Employees of Latvia
	LĀADA	Latvian Nursing and Healthcare Personnel Trade Union
MT	UHM	UHM Voice of the Workers
	GWU	General Workers Union

Country	Abbreviation	Full organisation name/description in English
	MUMN	Malta Union of Midwives and Nurses
	MAM	Medical Association of Malta
	MCP	Malta Chamber of Psychologists
NL	FNV Zorg & Welzijn	Federation of Dutch Trade Unions– Health and Well-Being
	NU '91	Now 91, Employee Organisation for Nursing and Care
	CNV Zorg & Welzijn	Christian National Trade Union Federation – Health and WellBeing
	NVDA	Dutch Association of Medical Assistants
	FBZ	Federation of Professional Care Organisations
	NVvPO	Dutch Association of Practice Nurses
PL	FZZOZIPS	Federation of Trade Unions of Healthcare and Social Care Workers
	SOZ NSZZ Solidarność	Healthcare Secretariat of NSZZ Solidarność
	OZZPiP	All-Poland Trade Union of Nurses and Midwives
	OZZL	All-Poland Trade Union of Doctors
	KP OPZZ	All-Poland Workers' Trade Union Confederation of Labour – All-Poland Alliance of Trade Unions
PT	SINTAP	Union of Workers in Public Administration and Entities with Public Purposes
	STAL	Union of Local Authority Workers
	STE	Technical Civil Servants' Union
	SIM	Independent Union of Doctors
	SEP	Union of Portuguese Nurses
	FNSTFPS	National Federation of Unions of Workers in Public and Social Functions
	SINDITE	Union of Higher Technicians in Diagnosis and Therapy
	SE	Union of Nurses
	SIPE	Independent Union of Nursing Professionals
	SINDEPOR	Democratic Nurses' Union of Portugal
	SERAM	Union of Nurses of the Autonomous Region of Madeira
	SIFAP	National Union of Pharmaceutical and Paramedical Professionals
	FEPCES	Portuguese Federation of Commerce, Office and Service Unions
	FETESE	Federation of Unions in Industry and Services
	FESAHT	Federation of Unions in Agriculture, Food, Beverages, Hotel and Tourism of Portugal
	SNP	National Union of Psychologists
	STSSSS	Union of Health, Solidarity and Social Security Workers
	STSS	National Union of Qualified Health Staff in Diagnosis and Therapy
	ASPAS	Union Association of Administrative Staff in Healthcare
	SITAS	Independent Union of Auxiliary Technicians in Healthcare
FNAM	National Federation of Doctors	
RO	Hipocrat	Hipocrat Trade Union Federation of Romania
	Solidaritaea Sanitara	Healthcare Workers Solidarity Federation
	Sanitas	Sanitas Federation of Romania

Country	Abbreviation	Full organisation name/description in English
	Uniunea TESA Sanatate	National Union of TESA (Technical, Economic and Socio-Administrative Staff) for Healthcare Trade Unions
SE	Kommunal	Swedish Municipal Workers' Union
	Förbundet Sveriges Arbetsterapeuter	Swedish Association of Occupational Therapists
	Psykologförbundet	Swedish Psychological Association
	Fysioterapeuterna	Swedish Association of Physiotherapists
	Sveriges Farmaceutförbund	Swedish Pharmaceutical Association
	Tandläkarförbundet	Swedish Dental Association
	Vårdförbundet	Swedish Association of Health Professionals
	Ledarna	Confederation of Executives and Managerial Staff
	Läkarförbundet	Swedish Medical Association
	Unionen	Trade Union for Professionals in the Private Sector
	Vision	Vision
	Akademikerförbundet SSR	Association of Graduates in Public Administration and Social Work
	SRAT	Association of Professional Employees
	Akavia	Akavia – Union of University Graduates of Law, Business Administration and Economics, Computer and Systems Science, Personnel Management, Professional Communicators and Social Science
	Naturvetarna	Association of Scientists
Sveriges Ingenjörer	Swedish Association of Graduate Engineers	
SI	FIDES	Trade Union of Doctors and Dentists of Slovenia
	SZSVS	Trade Union of Health and Social Services of Slovenia
	SZSSS	Healthcare and Social Care Union of Slovenia
	SDZNS	Union of Healthcare Workers of Slovenia
	SZS PERGAM	Confederation of Trade Unions in Health – PERGAM
	DENS	Slovenian Dental Trade Union
	PRAKTIK.UM	General Practitioners Trade Union PRAKTIK.UM
SK	SOZ ZaSS	Trade Union Association of Healthcare and Social Services
	LOZ	Medical Trade Union Association
	OZ SaPA	Trade Union Association of Nurses and Midwives
UK	UNISON	UNISON
	Unite	Unite the Union
	BMA	British Medical Association
	RCN	Royal College of Nursing
	RCM	Royal College of Midwives
	GMB	GMB General Union
	BOS TU	BOS TU, the TUC-affiliated part of the British and Irish Orthoptic Society (BIOS)
	BDA	British Dietetic Association

Country	Abbreviation	Full organisation name/description in English
	SOR	Society of Radiographers
	MiP	Managers in Partnership

Table A12: Employer organisations/business associations in the human health sector

Country	Abbreviation	Full organisation name/description in English
AT	VIO	Association of Interest Representation of Catholic Hospitals and Old People's and Nursing Homes
	VPKA	Association of Private Hospitals
	FVG	Association of Health Companies
BE	SOVERVLAGE	Socialist Association of Flemish Health Services
	Zorgnet-Icuro	Employer organisation representing the Flemish network of care organisations
	Santhea	Federation of hospitals and care homes for Belgium's Brussels and Wallonia regions
	WGK Vlaanderen	White-Yellow Cross Flanders
	SOM	Federation of Social Enterprises
	FASD	Federation of Social and Health Associations
	CVV	Caritas Catholica Flanders
	MID	Medical Sector in Dialogue
	BVZ	Belgian Association of Hospitals
	UDB	Union of Dental Technical Companies
	UNESSA	National Federation for Medico-Social Associations
	GIBBIS	Brussels Health Institutions
	UFLDB	Francophone Union of Dental Laboratories
BG	NAHE	National Association of Healthcare Employers
	NUPH	National Union of Private Hospitals
DE	VKA	Municipal Employers' Association
	TdL	Employers' Association of German <i>Länder</i>
	BDPK	Federal Association of Private Hospitals
	AAA	Working group in the German Medical Association regulating the working conditions of skilled medical staff
	AAZ	Working group in the Federal Chamber of Medical Doctors regulating the working conditions of skilled dental nurses and assistants
DK	Danish Regions	Danish Regions
EE	EHL	Estonian Hospitals Association
	EKL	Union of Estonian Medical Emergency Services
ES	ASPE	Spanish Private Healthcare Alliance
FI	KT	Local Government Employers
	VTML	Office for the Government as Employer
	Hyvinvointiala HALI ry	Finnish Association of Private Care Providers
	Avainta	Key Employers
FR	FHP	Federation of Private Hospitals
	SYNERPA	National Union of Private Institutions and Residences for the Elderly

Country	Abbreviation	Full organisation name/description in English
	FEHAP	Federation of Not-for-profit Hospitals and Social Care Facilities
	Présance (formerly CISME)	Interagency Centre for Health and Occupational Medicine
	SDB	Union of Biologists
	SLBC	Clinical Biology Laboratories Union
	SNMB	National Union of Medical Biologists
	CSMF	Confederation of French Medical Unions
	MG France	French Federation of General Practitioners
	SML	Union of Liberal Doctors
	CDF (formerly CNSD)	Dental Surgeons of France
	FDSL	Federation of Liberal Dental Unions
	UD	Dentist Union
	UNISSS	Joint Union of Health and Social Sectors
	NEXEM	Representative of not-for-profit employers in the social, medico-social and human health sector
	Unicancer	Hospital network devoted entirely to fighting cancer
IE	HSE	Health Service Executive
IT	ARAN	Agency for Public Sector Collective Bargaining
	AIOP	Italian Association of Private Hospitals
	ARIS	Religious Association of Social and Healthcare Institutions
	FDCG	Don Carlo Gnocchi Foundation
LT	NSPJA	National Association of Healthcare Institutions
LU	FHL	Federation of Luxembourg Hospitals
LV	LSB	Association of Hospitals of Latvia
NL	NVZ	Dutch Association of Hospitals
	NFU	Dutch Federation of Medical University Centres
	GGZ Nederland	Dutch Association of Mental Health and Addiction Care
	InEen	In One Association of Organisations for First-Line Care
	LHV	National Association for General Practitioners
	ASKA	Association of Pharmacist Chains
	VZA	Association of Independent Pharmacists
	Bo	Sector Association for Birth Care
PT	Grupo ACT Hospitais EPE	Hospital and University Centre Coimbra and 37 other public hospitals
	APHP	Portuguese Association of Private Hospitals
	APAC	Portuguese Association of Clinical Analysts
	APOMEPA	Portuguese Association of Pathologist Doctors
	FNS	National Federation of Healthcare Providers
RO	PALMED	Romanian Private Medical Services Owners' Organisation
SE	SKR (formerly SKL) ⁵⁰	Swedish Association of Local Authorities and Regions (SALAR)

⁵⁰ In November 2019, SKL changed its name to SKR (Sveriges Kommuner och Regioner – Swedish Association of Local Authorities and Regions).

Country	Abbreviation	Full organisation name/description in English
	Sobona	Employer Organisation for Municipal Companies
	Almega Vårdföretagarna	Association of Private Care Providers
	KFO	Cooperative Movement Bargaining Organisation
SI	ZZS	Medical Chamber of Slovenia
	SZZZS	Slovenian Association of Private Doctors and Dentists
SK	ANS	Association of Hospitals in Slovakia
	AŠN SR	Association of State Hospitals of Slovakia
UK	NHS Employers	National Health Service Employers

Table A13: Employer organisations/business associations not involved in collective bargaining (not listed in Tables 5, 9 and 10)

Country	Employer organisation	Full name in original language	Full name in English	NACE 86.1	NACE 86.21	NACE 86.22	NACE 86.23	NACE 86.9	European affiliates
AT	ÖÄK (chamber with obligatory membership) ⁵¹	Österreichische Ärztekammer – Kurie der Arbeitgeber	Chamber of Doctors – Employers' Grouping						AEMH, CEOM, CPME, EANA, EFMA/WHO, FEMS, EJD, UEMO, UEMS
BE	All included in Tables 5, 9 and 10								
BG	All included in Tables 5, 9 and 10								
CY	Ministry of Health/ΥΥ	ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ	Ministry of Health						
	ΠΑΣΙΝ	ΠΑΓΚΥΠΡΙΟΣ ΣΥΝΔΕΣΜΟΣ ΙΔΙΩΤΙΚΩΝ ΝΟΣΗΛΕΥΤΗΡΙΩΝ	Cyprus Association of Private Hospitals (PASIN)						
CZ	AČMN	Asociace českých a moravských nemocnic	Association of Czech and Moravian Hospitals						
	AKN	Asociace krajských nemocnic	Association of Regional Hospitals						
DE	All included in Tables 5, 9 and 10								
DK	All included in Tables 5, 9 and 10								
EE	All included in Tables 5, 9 and 10								

⁵¹ Table 6B also lists ÖÄK as a trade union. Table A13 refers to the employers' professional subunit of the ÖÄK, which is a separate legal entity from the professional subunit for ÖÄK employees. Both subunits are separate entities with legal standing and both have to be included in this report.

Representativeness of the European social partner organisations: Human health sector

Country	Employer organisation	Full name in original language	Full name in English	NACE 86.1	NACE 86.21	NACE 86.22	NACE 86.23	NACE 86.9	European affiliates
EL	PEIK	Πανελλήνια Ένωση Ιδιωτικών Κλινικών	Pan-Hellenic Private Clinics Association						UEHP
ES	All included in Tables 5, 9 and 10								
FI	All included in Tables 5, 9 and 10								
FR	All included in Tables 5, 9 and 10								
HR	UPUZ	Udruga poslodavaca u zdravstvu Hrvatske	Croatian Health Employers' Association						
HU	ÁEEK/state agency	Állami Egészségügyi Ellátó Központ	National Healthcare Service Center						
	MKSZ	Magyar Kórházzövetség, MKSZ	Hungarian Hospitals' Association						
	PRIMUS								
	EGVE	Egészségügyi Gazdasági Vezetők Egyesülete	Association of Economic Leaders in Healthcare						
	Ápolási Igazgatók Egyesülete	Primus Magán Egészségügyi Szolgáltatók Egyesülete	Primus Association of Private Health Service Providers						
IE	All included in Tables 5, 9 and 10								
IT	All included in Tables 5, 9 and 10								
LT	All included in Tables 5, 9 and 10								

Representativeness of the European social partner organisations: Human health sector

Country	Employer organisation	Full name in original language	Full name in English	NACE 86.1	NACE 86.21	NACE 86.22	NACE 86.23	NACE 86.9	European affiliates
LU	All included in Tables 5, 9 and 10								
LV	VADDA	Veselības Aprūpes Darba Devēju Asociācija	Healthcare Employers' Association						
MT	MEA	Malta Employers' Association	Malta Employers' Association						
NL	VGN	Vereniging Gehandicaptenzorg Nederland ⁵²	Dutch Association for Care of the Disabled						
PL	PFS	Polska Federacja Szpitali	Polish Federation of Hospitals						HOPE
	OSSP	Ogólnopolskie Stowarzyszenie Szpitali Prywatnych	All-Poland Association of Private Hospitals						UEHP
	PZ	Federacja Związków Pracodawców Ochrony Zdrowia: Porozumienie Zielonogórskie	Federation of Healthcare Employers' Associations						
PT	All included in Tables 5, 9 and 10								
RO	All included in Tables 5, 9 and 10								

⁵² VGN is mentioned as an employer organisation that is part of the large association for sectoral organisations in healthcare – the Brancheorganisaties Zorg, or BoZ – which encompasses the five largest employer organisations: ActiZ, GGZ Nederland, NFU, NVZ and VGN Nederland.

Representativeness of the European social partner organisations: Human health sector

Country	Employer organisation	Full name in original language	Full name in English	NACE 86.1	NACE 86.21	NACE 86.22	NACE 86.23	NACE 86.9	European affiliates
SE	Föreningen Svensk Företagshälsovård ⁵³	Föreningen Svensk Företagshälsovård	Swedish Association of Occupational Health and Safety						
SI	ZDRZZ	Združenje zdravstvenih zavodov Slovenije	Association of Public Providers of Health Care						
SK	ASL SR	Asociácia súkromných lekárov Slovenskej republiky	Association of Private Doctors of Slovakia						
UK	All included in Tables 5, 9 and 10								

	<i>The domain covers the entire subsector.</i>
	<i>The domain partially covers the subsector (i.e. it does not cover all occupations, forms and sizes of enterprise or all regions of the country).</i>
	<i>The domain does not cover the subsector.</i>

⁵³ This is not an employer organisation. It does not conduct collective bargaining. It represents its members in certain policy areas and engages in active dialogue with the Swedish government for instance on issues related to occupational health.

Table A14: European Hospital and Healthcare Federation (HOPE) members⁵⁴

Country	Organisation name in original language	Organisation name/description in English
AT	Bundesministerium für Arbeit, Soziales, Gesundheit und Konsumentenschutz	Federal Ministry of Labour, Social Affairs, Health and Consumer Protection
BE	Association Belge des Hôpitaux asbl/ Belgische Vereniging der Ziekenhuizen (BVZ)	Belgian Association of Hospitals
	Zorgnet-Icuro	Caret-Icuro (employer organisation representing the Flemish network of care organisations)
	Santhea	Santhea (federation of hospitals and care homes for Belgium's Brussels and Wallonia regions)
BG	Националното сдружение на частните болници	National Union of Private Hospitals
CY	Υπουργείο Υγείας Υπηρεσίες Ιατρικής και Δημόσιας Υγείας	Ministry of Health Medical and Public Health Services
CZ	Asociace Nemocnic České Republiky	Association of Hospitals of the Czech Republic
DE	Deutsche Krankenhausgesellschaft (DKG)	German Hospital Federation
DK	Danske Regioner	Danish Regions
EE	Eesti Haiglate Liit	Estonian Hospitals Association
EL	Upourgeio Ugeias kai Pronoias	Ministry of Health and Welfare
ES	Ministerio de Sanidad, Consumo y Bienestar Social	Ministry of Health, Consumer Affairs and Social Welfare
FI	Suomen Kuntaliitto Finlands Kommunförbund	Association of Finnish Municipalities
FR	Fédération Hospitalière de France (FHF)	Hospital Federation of France
	Fédération des établissements hospitaliers & d'aide à la personne (FEHAP)	Federation of Not-for-profit Hospitals and Social Care Facilities
	Fédération Nationale des Centres de Lutte contre le Cancer (UNICANCER)	National Federation of French Cancer Centres
HR	Ministarstvo zdravstva Republike Hrvatske	Ministry of Health of the Republic of Croatia
HU	Magyar Kórházzövetség	Hungarian Hospital Association
IE	Irish Department of Health	Irish Department of Health
IT	Regione del Veneto	Veneto Region
LT	Lietuvos Ligoninių Asociacija	Lithuanian Hospitals Association
LU	Fédération des Hôpitaux Luxembourgeois	Hospital Federation of Luxembourg
LV	Latvijas Slimnīcu Biedrība	Latvian Hospital Association
MT	Ministry of Health, the Elderly and Community Care – Department of Health	Ministry of Health, the Elderly and Community Care – Department of Health
NL	Nederlandse Vereniging van Ziekenhuizen	Dutch Association of Hospitals
PL	Polska Federacja Szpitali (PFSz)	Polish Hospital Federation
PT	Associação Portuguesa para o Desenvolvimento Hospitalar	Portuguese Association for Hospital Development

⁵⁴ HOPE membership consists of three categories of members: full members, observer members and consultant members. However, it is not clear from the website what kind of membership is held by each of the organisations listed above.

Country	Organisation name in original language	Organisation name/description in English
RO	Asociația Spitalelor din România	Romanian Hospital Association
SE	Sveriges Kommuner och Regioner	Swedish Association of Local Authorities and Regions
SI	Združenje zdravstvenih zavodov Slovenije	Association of Health Institutions of Slovenia
SK	Asociácia Nemocníc Slovenska	Slovak Hospital Association
UK	NHS Confederation	NHS Confederation

Table A15: European Union of Private Hospitals (UEHP) members

Country	Organisation name in original language	Organisation name/description in English
AT	Verband der Privatkrankeanstalten Österreichs	Association of Austrian Private Hospitals
	Hospital Betriebsges m.b.H Vienna	Hospital operating company in Vienna
BE	No member	
BG	No member	
CY	No member	
CZ	No member	
DE	Bundesverband Deutscher Privatkliniken e.V.	Federal Association of German Private Clinics
	No member	
DK	No member	
EE	Alianza de la Sanidad Privada Española	Spanish Private Healthcare Alliance
EL	Πανελλήνια Ένωση Ιδιωτικών Νοσοκομείων	Pan-Hellenic Union of Private Hospitals
ES	No member	
FI	No member	
FR	Fédération de l'Hospitalisation Privée (FHP)	Federation of Private Hospitals
	Conseil et référencement au service des établissements de santé (CAHPP)	Advisory organisation for health providers (CAHPP)
	Société d'Assurance Mutuelle (SHAM)	Mutual Insurance Company for the Healthcare Sector (SHAM)
HR	No member	
HU	Magyar Magánkórházak Szövetsége	Hungarian Association of Private Hospitals
IE	No member	
IT	Associazione Italiana Ospedalità Privata (AIOP)	Italian Association of Private Hospitals (AIOP)
	Aiop Giovani – Associazione Italiana Ospedalità Privata Giovani	Section of the Italian Association of Private Hospitals that welcomes young healthcare entrepreneurs
	Cluster Lombardo Scienze della vita	Lombardy's Life Sciences Cluster
LT	Lietuvos privačių sveikatos priežiūros įstaigų asociacija	Association of Lithuanian Private Healthcare Institutions
LU	No member	

Country	Organisation name in original language	Organisation name/description in English
LV	No member	
MT	No member	
NL	No member	
PL	Ogólnopolskie Stowarzyszenie Szpitali Niepublicznych	Polish Association of Private Hospitals (OSSP)
PT	Associação Portuguesa de Hospitalização Privada (APHP)	Association of Portuguese Private Hospitals
RO	Patronatul Furnizorilor de Servicii Medicale Private (PALMED)	Romanian Private Medical Services Owners' Organisation (PALMED)
SE	No member	
SI	No member	
SK	No member	
UK	No member	

Full members of UEHP

Associate members of UEHP

Annex 3: Network of Eurofound Correspondents

Table A16: Correspondents who contributed to the study

Country	Correspondent	Organisation
Austria	Georg Adam	FORBA
Belgium	Dries Van Herreweghe	HIVA–KU Leuven
Bulgaria	Violeta Ivanova	Institute of Social and Trade Union Research (ISTUR)
Croatia	Predrag Bejakovic and Irena Klemencic	Institute of Public Finance (IPF, Institut za javne financije)
Cyprus	Pavlos Kalosinatos	Cyprus Labour Institute (INEK-PEO)
Czechia	Petr Pojer	Research Institute for Labour and Social Affairs
Denmark	Carsten Jorgensen	FAOS, University of Copenhagen
Estonia	Ingel Kadarik	Praxis Centre for Policy Studies
Finland	Rasmus Firon	Oxford Research AB
France	Frédéric Turlan	IR Share
Germany	Sandra Vogel Birgit Kraemer	German Economic Institute Institute for Economic and Social Research, Hans Boeckler Foundation
Greece	Elena Kousta	GSEE Labour Institute
Hungary	Nóra Krokovay	Kopint-Tárki Institute for Economic Research
Ireland	Andy Prendergast	IRN Publishing
Italy	Anna Mori	Department of Social and Political Sciences, University of Milan
Latvia	Krišs Karnītis and Raita Karnite	EPC Ltd
Lithuania	Inga Blaziene	Lithuanian Social Research Centre
Luxembourg	Franz Clément	Luxembourg Institute of Socio-Economic Research (LISER)
Malta	Christine Garzia	University of Malta
Netherlands	Amber van der Graaf	Panteia BV
Poland	Barbara Surdykowska	Foundation Institute of Public Affairs
Portugal	Reinhard Naumann	Friedrich Ebert Foundation (Lisbon)
Romania	Victoria Stoiciu	European Institute of Romania
Slovakia	Ludovit Cziria	Institute for Labour and Family Research
Slovenia	Samo Pavlin	Faculty of Social Sciences, University of Ljubljana

Spain	Oscar Molina and Vicente Lopez Martinez	Institute for Labour Studies, Universitat Autònoma de Barcelona
Sweden	Sirin Celik (Kara)	Oxford Research AB
UK	Helen Newell	Warwick Business School

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This study provides information allowing for an assessment of the representativeness of the actors involved in the European sectoral social dialogue committee for the human health sector. Their relative representativeness legitimises their right to be consulted, their role and effective participation in the European sectoral social dialogue, and their capacity to negotiate agreements.

The aim of Eurofound's studies on representativeness is to identify the relevant national and European social partner organisations in the field of industrial relations in the EU Member States. This study identified the European Federation of Public Service Unions (EPSU) – representing employees – and the European Hospital and Healthcare Employers' Association (HOSPEEM) – representing employers – as the most representative European-level social partner organisations in the human health sector. The member organisations of the European Confederation of Independent Trade Unions (CESI) and UNI Europa also organise employees in the sector in several Member States.

The European Foundation for the Improvement of Living and Working Conditions (Eurofound) is a tripartite European Union Agency established in 1975. Its role is to provide knowledge in the area of social, employment and work-related policies according to Regulation (EU) 2019/127.

