



**Fédération Européenne
des Médecins Salariés**
European Federation
of Salaried Doctors

Enrico Reginato, President

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Title:	Response to the Public Consultation on the new EU occupational safety and health policy framework (OSH)		
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Public consultation on the new EU occupational safety and health policy framework

You reply as -single choice reply-(compulsory)	on behalf of an organisation
Please indicate your organisation's name -open reply-(compulsory)	FEMS (Federation Europeenne des Medecins Salaries - European Federation of Salaried Doctors)
In which country are you and/or your organisation based? -open reply-(compulsory)	Belgium
Necessity and nature of a new EU OSH policy framework	
Do you agree with the assessment of the EU OSH Strategy? Did it lead to tangible results? -open reply-(compulsory)	
I fully agree. Mainly in period of crisis, the trend, in particular in the medical field, to cut human resources and salaries with growth of working time for health professionals and prolongation of age for retirement, is worsening the health and security of professional, but, mostly, this worsening of health workforce working conditions reflects on the patients' safety.	
In order to improve workplace safety and health, do you consider it necessary to continue coordinating policies at EU level or is action at national level sufficient? -open reply-(compulsory)	
We see that a coordination policy at EU level is very scarce. On one side there is free circulation of professionals but EU cannot interfere on the national decision concerning working conditions. Considering the expected reduction of health workforce in EU, it might bring to an extended migration of health professionals towards better working conditions.	
If you deem such a framework at EU level is necessary, explain why. Which aspects should be covered? -open reply-(compulsory)	
The most recent example is Slovakia, where a law is waiting for the signature of the President, considers protest of health workers as a National emergency, therefore the minister of health, according to this law, can suspend a professional up to ten years from work. The EU institutions sustained they have no power on the National internal rules on health organization. One more example is that postgraduate medical training is autonomously ruled in every member Country, but national rules are often in contrast with one another and there is no control of the quality of education. This problem, still in consideration of free circulation, must be solved at EU level. These topics have a direct impact on safety at work, because bad working conditions and low quality of education bring professionals to lowering of interest for their work, lower attention and growth of risk for themselves and the patients.	
Level of commitment	
With respect to your answer to the above questions, is there a need for a new EU OSH Strategy or should alternative measure be considered? Please explain. -open reply-(compulsory)	
There is a great need for more Europe. EU made directive on cucumbers and drinks, but in case of health services and working conditions, National rules are privileged.	
If EU level action is necessary in order to improve workplace safety and health, do you consider it necessary to set broad goals and priorities and to coordinate national policies at EU level? -open reply-(compulsory)	
Both of them are absolutely necessary. Anyway goals and priorities don't need to be so broad. In the research of the problem, precision must be not beyond what is strictly needed.	
What would be the added-value of including specific targets into a possible new EU OSH policy framework to measure progress in improving workplace safety and health in the EU? -open reply-(compulsory)	
Usually you cannot improve anything that is not measurable, therefore specific targets and evaluation criteria and standard must be included	
Should a new policy framework include a list of objectives, actions, calendars and actors involved in the implementation of	

actions or should it be limited to setting a vision for the future, and a definition of goals and priorities? -open reply-

(compulsory)

This is the only possible policy to obtain results. The possible points of interventions are many, and in many fields, therefore stakeholders representatives should be involved, as the first step is to have deep knowledge of the situations.

Content of a new EU OSH policy framework

What are the key challenges in the OSH area?

How would you prioritise them? -open reply-(compulsory)

I don't want to go beyond my specific area of medical doctors, that, anyway, is not a secondary field. We see that burnout is becoming a real problem among EU doctors, due to various factors that make difficult to perform the profession. And burnout is already a form of sickness of the doctors, that reflects on the quality of his work. Sharp injuries of health professional is becoming a serious problem and, in my opinion, but not only mine, tiredness is one of the factors that reduces the attention of the professionals.

What practical solutions do you suggest to address all or some of these challenges? -open reply-(compulsory)

When we talk about working conditions, as possible source of reduction of safety at work, we must start to measure them inside a European framework. In some EU member Countries working time is far beyond the EU directive, the number of staff is widely below the needs, salaries are extremely low, even compared to the average national country. A directive on working hours exists, but there is need also for the other causes that can be the source of low safety.

Do you consider that such a framework should develop initiatives to provide further protection for vulnerable groups of workers and/or for workers in specific high risk sectors? -open reply-(compulsory)

Safety is a right for every worker, anyway, workers who make a job that can be dangerous for themselves and for the other people who depend from their work, must, of course, have the priority. A general vulnerability is connected to circadian rhythms. The attention of a worker is different during the daytime and it is not the same for every worker. One of the determinants is represented by the curve and the peaks of cortisol excretion. For the particularly dangerous works, it should be taken into consideration.

Do you consider that measures for the simplification of the existing body of EU OSH legislation should be included in such a political instrument? If so, which ones would you suggest? -open reply-(compulsory)

I don't have enough knowledge of the existing body of EU OSH legislation to make suggestion. The only recommendation I have is that rules must be clear to everybody, to prevent the system to be object of personal interpretations. And EU should have a feedback activity to check their application.

Do you think that such a framework should specifically identify and address the challenges posed by the ageing of the working population? If so, which measures would you suggest? -open reply-(compulsory)

The prolonging of retirement, not separated from the problem of reduction of staff, is creating a problem of safety to workers. Some activity should be reserved to younger age workers. An example in the medical field: night duties in hospitals, mainly inside Intensive Care Units, are a very heavy work and doctors older than 55 should be exempted.

What measures would you suggest to reduce the regulatory burden on SMEs and micro-enterprises, including reducing compliance costs and administrative burden, while ensuring a high level of compliance with OSH legislation by SMEs and micro-enterprises?* -open reply-(compulsory)

The strategy of cost saving, often, affects the workers' safety. Sometimes it is just a matter for assuring more money to the employer, but on many cases the compliance and administrative costs are so high that the staff, that in medical care represents 60-65% of the total costs, is the first voice of the balance to be involved in cost saving.

Do you have any views on the role of social dialogue at EU and national level to the identification, preparation and implementation of any new initiatives to improve health and safety at work? -open reply-(compulsory)

On our experience, rules on safety must be done through a social dialogue with stakeholders at all levels, but a supranational rule, discussed and decided at EU level is the main point to achieve.

Add any further aspects that in your view were not sufficiently taken into account by the above questions? -open reply-(compulsory)

EU must interfere more than now in national matters that, on other sides, take advantage of the EU rules. Free circulation of

professionals is a great advantage for EU citizens and States, but free circulation must happen only inside a frame of personal choice, and not of obliged choice for bad working and living conditions in the Country of origin. On the other side, the free circulation must assure the hosting Country that the professional quality is assured.