

Education and Prior Learning Assessment in the Swedish Health Care Sector

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Certified Profession (*Kravmärkt Yrkesroll*)¹ is a nonprofit association based in Sweden that has been developing methods and strategies for assessing and validating workplace learning within the health care sector since 2003. The association focuses on the work of assistant nurses and nurses' aides, and on clarifying what kinds of knowledge and skills are needed to ensure that health and social care are performed with a high level of quality. The purpose of this essay is to describe the model and methods used by Certified Profession in assessing and developing experiences, knowledge, and skills among health care workers, particularly among those who work with the elderly. The paper also briefly discusses some general possibilities and challenges involved in this approach.

Competency Validation: Prior Learning Assessment (PLA) in Sweden

In Sweden, the discussion, recognition, and practice of prior learning assessment (known as *validering*) began in the 1990s, due largely to the heavy downturn in the Swedish economy. Previously, Sweden had a relatively low unemployment rate, about 3%, but it rose to roughly 11% during this period and the accompanying high unemployment rates demanded innovative initiatives (Öhman, n.d.). PLA was introduced by the government and the Ministry of Education as a method for assessing previously acquired knowledge, skills, and experience among the unemployed in combination with complementary education. Since then, PLA has mostly been practiced by municipalities, the adult education system, in collaboration with the Swedish Public Employment Service, and is most often directed toward newly unemployed people and immigrants (Andersson & Osman, 2008; Andersson et al., 2004).

Many different initiatives for developing new methods and practices of PLA have been undertaken by different groups since then, and in 2005, the Swedish government expressed a need to formalize structures for existing PLA activities. The primary reason for this formalization was to promote democratic values such as accessibility, equality, and legitimacy. In 2015, for example, the government of Sweden gave the National Delegation for Validation the responsibility to draw up important baselines for PLA (*Statens Offentliga Utredningar*, n.d.). While the delegation has supported different branches within the private sector to develop and implement specific criteria for PLA processes, the fact remains that PLA activities in Sweden have had unemployed people as their main target group to help them meet upper secondary school graduation requirements.

There have also been several different organizations in Sweden that have developed more or less independent PLA systems. *Kravmärkt Yrkesroll* (Certified Profession), which is presented in this paper, is among these. Other examples include *Vård- och Omsorgscollege* (Health Care College) and *Nordiskt Valideringsforum* (Nordic PLA Center). Some of these organizations, such as Certified Profession, have had branch criteria as a starting point for their PLA assessing methods, the consequence of which is that the PLA process is generally more adjusted to the demands of the workplace. Such a workplace emphasis is in tension with nationally developed criteria that depend on assessments that use upper secondary school course criteria. Thus, the

challenge posed by these independent systems is the legitimation of the results of their PLA process so that certificates, points, or diplomas are equally considered and recognized nationwide. Some of these independent PLA systems have also been described and explored by the government in different investigations. Certified Profession has, for example, been part of two national public inquiries, one about how to strengthen the skills within the health care sector (*Statens Offentliga Utredningar*, 2019, p. 20) and another about how to make work within eldercare a more attractive option (*Statens Offentliga Utredningar*, 2008, p. 126).

The Swedish Health Care System

The Swedish health care system has three administrative levels — national, regional, and municipal — which are all run democratically by elected officials (Swedish Research Council, 2017). On a national level, the government has the role of setting the overall political agenda for the health care system in Sweden through laws and guidelines. The Ministry of Health and Social Affairs has the responsibility of implementing these laws and guidelines. The ministry also administers the federal government budget on health care issues. There are 21 regions in Sweden and each region is responsible for organizing the health care system for every citizen to have access to good health care. Finally, the 290 municipalities in Sweden are responsible for the care of the elderly, people with psychological or physical disabilities, people who have completed their health care treatments and need rehabilitation, as well as for health care in the schools (Anell et al., 2012).

The first level in Sweden's health care chain is primary care (Swedish Research Council, 2017). There are about 1,000 health care centers in Sweden, which support residents with basic treatment, rehabilitation, etc. About 25% of all health care centers are managed by the private sector (*Ekonomifakta*, 2020). The next level is county health care. There are 20 main county hospitals and about 40 smaller county hospitals in Sweden. The first category of hospitals covers all special areas of health care and needed equipment, while the smaller hospitals have more general resources and some specialist care. There are also seven university hospitals in Sweden that treat rare and complicated cases. Six of the total number of hospitals are run by private corporations (OECD/European Observatory on Health Systems and Policies, 2017).

Health care expenditures in Sweden were 11% of the country's gross domestic product (GDP) in 2017. The health system is financed by taxes up to 84% and the rest is financed by patient fees and other fees (*Statistikmyndigheten SCB*, 2019). Despite the high percentage of tax-financed health care, the private health insurance market is rapidly increasing in Sweden. About seven percent of the population now has supplementary health insurance (*Svensk Försäkring*, 2021).

Elderly people in Sweden are cared for either in special eldercare centers (*äldreboenden*) or in their homes by home-care service (*hemtjänsten*). In 2016, almost one-fifth of every eldercare center was run by private organizations, and in the county of Stockholm, this figure was 50% (*Ekonomifakta*, 2020). One-fourth of all home-care services in Sweden overall, and almost two-thirds in the county of Stockholm, were run by private organizations.

Professional Roles within the Health Care Sector

Today, those who work within the health care sector without any formal health care education work as nurses' aides (*vårdbiträde*). The only formal education requirement is the completion of compulsory school (grades 1-9). Historically, this occupational group had even less formal schooling or none, and the occupation was subsequently phased out in the 1990s. The position has reappeared in recent years to relieve the burdens of assistant nurses, a more highly qualified position. Sometimes nurses' aides are also offered short courses at hospitals at a level that can be compared to assistant nurses and are also employed with that title, since the title of assistant nurse will not be protected until the year 2023 (Socialstyrelsen, 2022). They are often employed at eldercare centers or within the home-care service activities. Roughly 75,000 people work as nurses' aides in Sweden (*Statistikmyndigheten SCB*, 2018). The nurses' aides provide

practical care for the patients: preparing meals, doing laundry, caring for patients' hygiene, etc. The working tasks differ depending on the type of care the person needs.

The next level above the nurses' aide is assistant nurses (*undersköterska*), who usually have an upper secondary school education (equivalent to a vocational degree or associate degree in the U.S.) within the health care program. The assistant nurses also have the responsibility for the practical care of the patients, i.e., making beds; delivering food; helping the patient with toilet visits; taking temperature, pulse, blood pressure, or blood samples; inserting/removing catheters, etc. Most of these tasks are done by both assistant nurses and nurses' aides. It can be said that nurses' aides and assistant nurses often work with the same tasks in eldercare. You find more assistant nurses within eldercare than nurses' aides, whereas the situation is the opposite within the home-care service. The position of assistant nurse is Sweden's most common profession (135,000 workers). More than nine out of 10 of these assistant nurses are women (*Statistikmyndigheten SCB, 2018*).

Nurses (*sjuusköterska*), the next level, have at least a university-level bachelor's degree. Many also have specialized degrees in certain areas of health care. Nurses are found in all sectors of health care workplaces. Nurses have the overall responsibility for the patient throughout the process of treatment and care, and many hold a coordinating and leadership role within their respective organizations. More than 100,000 people currently work as nurses within the Swedish health care system (*Statistikmyndigheten SCB, 2018*).

Challenges to the Nursing Professions

The main challenge for the Swedish health care system has been long waiting times for people in need of proper care, something that has become particularly prominent during the COVID-19 pandemic. The surgery queues have increased, and the government quite recently made a statement about special efforts to deal with them. Another challenge is the lack of nurses with specialist skills; the number of experienced and specially educated nurses has been falling since 2005 (OECD/European Observatory on Health Systems and Policies, 2017; *Socialstyrelsen, 2020*). Due to the small number of inhabitants in rural areas, which makes it difficult to finance local health services, traveling long distances is required to receive health care for patients.

In a recently published report from The National Board of Health and Welfare, the lack of different types of skills within the health care system in Sweden was highlighted. As mentioned previously, nurses with special experience and skills are much coveted and needed, especially outside urban areas (*Socialstyrelsen, 2020*). There is also a shortage of educated nurses in 56% of all municipalities, and on a regional level, the percentage is even higher (76%). Statistics Sweden (*Statistikmyndigheten SCB, 2021*) declared that there will be a great need for assistant nurses by the year 2035.

This situation has initiated a debate and investigation into the status of the role of the assistant nurse in Sweden, and so the government investigated how the role of the assistant nurse could be changed to enhance both quality and job security within the health care system. The purpose was to submit proposals regarding formalized skill criteria for this profession to see if there were ways to standardize the role of assistant nurses and to create a registered profession with a protected professional title, like that of physicians and nurses (*Regeringskansliet, 2017*). The obvious challenge in this initiative was that assistant nurse is a quite heterogeneous profession, both in skills and practical outcomes. The results of the study (or analysis) that came two years later showed "relatively widespread deficits regarding the competence within this professional group, which has a direct practical implication on the performance of their work tasks." It was also stated: "that it is the responsibility of the employer to ensure that the relevant and proper competence is recruited in order to have effective activities with quality" (*Statens Offentliga Utredningar, 2019, p. 9*). The report/analysis also showed that certain skills were desirable and lacking among the researched group, such as assessment abilities,

medical competence, and knowledge about how to make diagnoses and perform professional personal treatments. Some additional requirements were also pointed out, such as insufficient language skills. The report made several recommendations including that the title of assistant nurse be both protected as a professional title and be registered, and that upper secondary school curriculums be adjusted to meet the demands for skills development in certain areas that were highlighted in the report.

All these reflections and discussions finally led to a parliament decision to make the title of assistant nurse a protected professional title beginning July 1, 2023 (*Socialstyrelsen*, 2022). This means that only people with a certain education or competency will be able to use the title, with the goal being to strengthen the competency within this profession and make sure that everyone with the title has the knowledge that is needed. Another long-term aim is to make the profession of assistant nurse more attractive and interesting for young people to choose as their career. There will also be a 10-year interim period where people with the title of assistant nurse can work in this role without having to apply for a special certificate.

Eldercare in Sweden

The proportion of elderly people in Sweden is increasing and more workers are needed in this sector soon. Through established national values, everyone who works with eldercare has a clear mission: to support every person in a way that makes it possible for them to live the way they want to live. Put simply, the national values describe how to work in an ethical way that secures the care for elderly people (*Socialstyrelsen*, 2012). Many municipalities have been working on clarifying this and making it more locally tailored by crafting their own dignity guarantee, a local guideline for eldercare, which is also communicated and discussed with all the employees (Ardström et al., 2017).

Recruiting employees has been a challenge for eldercare in Sweden for a long time. The interest in applying for an education in social and health care is low; therefore, many people working in eldercare lack formal education. That makes recruiting employees with the appropriate competencies at the rate necessary to keep the care safe and correct difficult. As noted earlier, for example, employees lacking skills in linguistic competence is not uncommon, which can result in misunderstandings and lead to an increased workload for their colleagues (*Sveriges Kommuner och Landsting*, 2015).

Eldercare employees are also under increased pressure. Many elderly people in need of care come to a residential home or receive home-care later in life. That means they often need more specific medical treatment and care, which emphasizes the need for the right skills among people working with health and social care at this level (Ardström et al., 2017).

Because of the challenges of recruiting coworkers, many additional work hours have been needed to introduce new colleagues to the workplace. These introductions often prove to be too short and inadequate to prove useful in practical application.

Investments have been made to give employees who lack a formal education the possibility to study, but for many, especially those with foreign backgrounds, it has been challenging to utilize the education and manage the school requirements due to the challenges they have in understanding, speaking, and writing the language (Ardström et al., 2017). The number of employees in this profession with a first language other than Swedish has increased since the 1970s due to the increased number of immigrants (Huupponen, 2019). In the face of these substantial challenges, the Swedish government proposed new initiatives to make work with elderly people more attractive (*Socialstyrelsen*, 2018).

Methods of the Certified Profession Organization

This need for alternative ways of learning the profession has been the main reason behind

Certified Profession's decision to develop and establish its methods. The organization has acknowledged the need for clarifying the profession, the skills required in the work, and a way of securing competence among employees that would be a complement to the formal education system.

Certified Profession has been developing methods for:

- Prior learning assessment (*validering*).
- Workplace learning.
- Creative dialogues.

All the structures in Certified Profession's methods have foundations in knowledge requirements, the history of which we will discuss later on in this article. But the organization is now able to offer a new way of gaining more secure employment to new employees in eldercare who are interested in the profession and are suitable for the work.

The method of Certified Profession has both the workplace needs in focus and take the individual's way of learning into account. The method has a clear structure for learning: Employees can demonstrate their skills and managers are able to see the types of skill development needed by individuals and overall in their unit and get a holistic view of what is missing in their employees' competencies from recruitment to capacity building.

At this point, Certified Profession's method is considered an established strategy for sustainable capacity-building in eldercare and care for people with disabilities. The goals of the method are to strengthen, confirm, and increase the status of the profession. The logic of the method is that an increased status in the profession leads to greater employee motivation and an increased commitment to the people in need of care.

The organization started with a project in which assistant nurses and nurses' aides in eldercare kept a working diary and wrote about their work tasks. Their stories contained the keys to the core of the profession and, in effect, described how to cater to the needs of the people in their care. Their stories were later translated or refined into working instructions, which turned into the knowledge requirements describing the competencies in eldercare. There are six knowledge requirements for eldercare and six for the care of people with disabilities (in this article, we focus on the requirements for eldercare). The six knowledge requirements are split into different results for learning and criteria for approval, which also clarify what needs to be further developed to increase the competence for this type of work.

The reason for using these knowledge requirements is to secure the quality in skill assessments, to clarify the roles of the profession, and to develop and strengthen coworkers in their profession by making it clear what they need to know and learn to be able to do their job in the best way possible. The six knowledge requirements that are used for the assessment of workers in eldercare are:

1. Contact and interaction – how to meet and treat a person in a respectful way and according to the person's needs in subjects such as personal hygiene, food habits, and communication on various levels.
2. Activating and establishing relationships – how to support the person in activities in their daily life and see changes in physiological and motor skill abilities; palliative care; and how to work ergonomically.
3. Service delivery – how to support them in their home environment and help them with different services in society, such as going to the bank, grocery shopping, etc.
4. Health promotion – how to strengthen the person's health, prevent the spread of infections, and relieve and prevent diseases.
5. Planning and administration – how to understand the importance of planning, reporting, and documentation.

6. Participation in developing the workplace – how to gain comfort in workplace functions, the goals set for the job, and how to introduce new colleagues, supervise, and communicate professionally (*Kravmärkt Yrkesroll*, n.d.).

A series of projects has laid the foundation of the methods of Certified Profession. Each one develops different ideas and structures on how to validate and secure the competencies of assistant nurses and nurses' aides in eldercare and care for people with different disabilities.

From 2003 to 2005, a project called Model Workplaces was initiated; that's where the knowledge requirements took form together with the structure for prior learning assessment (*validering*). The idea was to make the connection between competence and professional developments visible by turning the process for prior learning assessment into certificates of competency. By clarifying the skills and competencies needed in the work, the project also strived to increase the cooperation between the operations and formal education systems, which Certified Profession found out needed to work closely together.

The process of prior learning assessment continued in a project from 2005 to 2008 called Certified Profession, the same name as the organization. Six municipalities took part, and 5,000 assistant nurses and nurses' aides went through the process. The project also focused on clarifying the role of professional assessors, which is a key role in the process of prior learning assessment. One important part of Certified Profession's method for prior learning assessment is the creative dialogues (*kreativa läromöten*). These dialogues are meetings for reflections and discussions among the assistant nurses and the nurses' aides, a time to have an open discussion about the profession and about certain situations that occur in the activities at the workplace. It is also the step in the process where Certified Profession lays the foundation of the knowledge requirements, which makes it clear to the participants what parts are going to be validated through the PLA process.

The result of these processes is a written document showing the competencies of the individual. These assessment processes also make it possible for the workplace to plan competency development among its employees.

Another three year-project, starting in 2010, worked to create roles and methods for learning both in and close to the workplace. The purpose was to create a clear chain from the validation processes to develop the right skills that were needed at the workplace. This provided ways for assistant nurses and nurses' aides to get a clear idea of how to gain the competencies needed and later to get that competency development validated.

Certified Profession believes there are reasons to have complementary systems for education and development of the competencies needed in eldercare. Through these assessment methods, managers get a clear picture of their employees' competencies and develop a plan for further education and/or skills development. For the employees themselves, the system can be a motivation that shows them what they know, what they can learn more about, and how that can be accomplished.

These validation methods have been implemented on a large scale and reviewed by external evaluators and a panel of experts. More than 15,000 assistant nurses and nurses' aides have gone through this process successfully at this point (Svensson, 2013).

Stakeholders in the Process

The foundation of Certified Profession and the methods of the organization have been to work as closely as possible with the workplace and develop the skills required in daily work. This article focuses on eldercare, and the skills required in the work are continuously changing at the same pace as the need for care of the elderly. Therefore, different roles have been established

to both increase the number of people being able to carry the knowledge of the process and clarify the responsibilities of the different parts of the process. This also leads to developing the whole organization, which itself contains the needed knowledge and assures the quality of the different processes. This way of splitting the responsibility is also a way for the assistant nurses and nurses' aides to grow and develop in their own profession, by gaining more responsibility.

- **Professional assessors (*yrkesbedömare*)** have documented knowledge, skills, and experience in health care and are well acquainted with the work and culture in eldercare. They are trained by Certified Profession as professional assessors and they can support the participants in their validation process. The professional assessors are the ones who judge the participants' theoretical and practical knowledge.
- **Managers and leaders** inform their employees of the validation, why they are doing it, and how it works. They encourage them and talk about the importance of the employees providing all their knowledge — it is *not* about the professional assessors showing everything they *do not* know. After the process of validation, the managers/leaders participate in a three-way conversation together with their employees and the professional assessors to listen to both parties and their thoughts on the results. If necessary, the manager/leader creates a plan for competency development.
- **Competency supporters (mentors)** give instructions and support different target groups, such as new employees, those employed by the hour, and students on internships. They also support their coworkers in competency development by self-education or making plans for learning together with the manager and other coworkers. They also assess whether the person in need of capacity building has reached their learning goals.
- **Process supporters (*processtödjare*)** are responsible for the completeness of the process. They must ensure that every part of the validation follows the right track and is followed up for quality assurance.
- **The conversation leader** conducts the “creative dialogues” during which the knowledge requirements are established for the ones participating in the validation. During the dialogue, the participants also learn from each other by discussing their professions. The conversation is a time for learning and reflection.

(Note: A person can have more than one role, for example, both as a professional assessor and conversation leader.)

The Steps of PLA Through Certified Profession

The role of the professional assessor is key within the Certified Profession model; they are either employed by partner organizations or connected to Certified Profession. They undergo special training and participate continuously in reflective meetings and start-up meetings. They also must have solid and documented experience in eldercare and/or care of persons with disabilities. The professional assessors work in pairs and have varying backgrounds, such as assistant nurses, nurses, or occupational therapists. The purpose of this configuration of the professional assessors is to attain as comprehensive of an approach as possible.

During the PLA process, the participants — nurses' aides and assistant nurses — can demonstrate their knowledge in different areas through discussions and practical exercises in groups of three or four. Two professional assessors assist participants throughout the process. They assess individuals' competencies and make sure that each person in the group gets a chance to talk and show their knowledge.

Through creative dialogue, the knowledge requirements are explained, and the participants discuss different situations that occur in the profession and put their knowledge into words. The group discussions, together with a writing exercise and a practical exercise, show the professional assessors the level of knowledge that each participant has in the six knowledge requirements. The assessment of each knowledge requirement is provided as either *can*, *can with*

addition, and cannot (see Figure 1). Can means that the participant's competencies fulfill the criteria on that specific subject. Can with addition means that the participant is missing some of the expected theoretical or practical knowledge. Cannot means that the participant is missing both the theoretical and the practical knowledge of that specific knowledge requirement. Participating in creative dialogues is also a learning process; through the discussions and concrete examples from their everyday work, colleagues can learn from each other.

CONTACT AND INTERACTION			HEALTH PROMOTION			
CAN	CAN w. add.	CAN NOT	CAN	CAN w. add.	CAN NOT	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History, traditions and habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The meal and its composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communication through body and physical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment for mental illness and dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communication and collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACTIVATING AND ESTABLISHING RELATIONSHIPS			PLANNING AND ADMINISTRATION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Motor skills and physical conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ergonomic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arrange activities and stimulate participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deepen the dialogue with relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE DELIVERY			PARTICIPATION IN DEVELOPING THE WORKPLACE			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Everyday support in home environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Everyday support in public and private service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Geriatric diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Knowledge in the field of hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Wounds and skin treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			How to handle and prevent falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Stoma, catheter and incontinence products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Planning and prioritizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Transmitting information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Management and goals of the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Communication in the professional role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Introduction och supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Development of professional skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure 1: Assessment of the six knowledge requirements.

After the validation, the professional assessors have an individual dialogue with the participant during which they discuss the results. This is also discussed in a three-way conversation between the participant, their manager, and the professional assessors. All the results are meticulously recorded in a document that comments on the participant's competence in each of the knowledge requirements and sets out a plan for learning the skills that the validation showed were still needed.

Quality Assurance of the PLA Procedure by Certified Profession

For the PLA method to be credible and reliable, the materials and methods that have been developed are constantly reviewed and quality assured. The process of validation follows European and national guidelines and is assured through internal and external quality assessments (see *Nordiskt Valideringsforum*, n.d.). The validation through Certified Profession is based on the knowledge requirements that have been examined and approved by representatives in the profession. The systematic work of quality assuring is transparent so that the internal and external assessors can ensure that the entire process follows the guidelines.

Since the Certified Profession model is based on national guidelines, the professional assessor also must meet these criteria. The professional assessor's knowledge and competencies are also kept up to date through continuous follow-ups. The training for professional assessors includes both theory and practice. They are well-informed about the background of Certified Profession, have embraced the concept of PLA and are well-versed in the methods and tools used

by Certified Profession.

To provide continual improvement to the validation process, participants are asked to fill out a questionnaire in which they indicate if they feel like they received enough information about the process before it started, and how they experienced the validation and the profession assessors.

In addition, a follow-up interview is held by the quality manager. The purpose of the interview is to follow up on the professional assessor's work and competencies based on the criteria. In the interview, the professional assessor is given the opportunity to reflect on the PLA process and his/her role. The professional assessor continuously participates in reflective meetings together with process supporters in their working area and major networks centrally. The purpose of the meetings is to exchange experiences and learn from each other. The reflective meetings are also a way to ensure that the assessments are made in keeping with the criteria that ground every part of the process.

Now we have been going through the methods, roles, and quality assurance of the PLA procedure of Certified Profession. The foundation of all the processes is to support the organizations by strengthening the knowledge within the organization itself and clarifying the profession with structured PLA and competency development. The workplace learning of Certified Profession leans on the idea that coworkers can learn from each other, and that the competencies needed often are kept within the organization without being used in a structured way. With the PLA process of Certified Profession, they want to make the required knowledge available and distinct for all the people working with the elderly and people with disabilities to make the understanding of what they need to learn more about and how they can gain that specific knowledge directly in the workplace clearer.

Challenging Questions and Thoughts

In this essay, Certified Profession has been presented as a method to ensure that eldercare has and can develop the needed knowledge and skills for its specific activities of care. This is especially needed in times such as these when recruiting new assistant nurses is, in general, challenging, and when future demands for employee competence, both in numbers and quality, will increase significantly depending on demographic changes.

Due to a range of social changes, such as increased higher education levels among greater numbers in Sweden and democratic reforms in which even greater emphasis is placed on personal privacy and autonomy, there are increased demands for high quality in health care activities. This has led to an increase in demand for the skills of the staff who work in the health care sector. Whereas many inhabitants used to view health care as a professional and authoritative institution, perspectives have changed. Many patients, and especially their relatives, are also highly educated and are very aware of their rights, and the internet provides ways for individuals to search for problems and different loopholes concerning how health care is and should be provided. This puts certain strains on health care organizations in assuring that their activities have a solid foundation of proven and scientific knowledge and practices.

The ideas and methods of Certified Profession show that organizations within eldercare have an interest in ensuring that the level of knowledge and skills that enter their workplaces are sufficient and of good quality. It also shows their interest in creating a certain kind of eldercare working culture. This can be understood as both a way of establishing a foundation where different demands from society, both from a legal and user perspective, are met, and where organizational requests such as working structures and cultures are fueled by their common ground of education and skills among all coworkers. It is in this context that PLA is used (as it often is in Swedish PLA activities), not only to uncover acquired skills but also to lay bare the need for complementary education and workplace practice and experience.

The method also highlights questions about the division between generic education and workplace-driven competency development. To what degree should the formal school system prepare students for working life and to what degree should it be up to health care organizations, by themselves, to take responsibility to form and educate the employees on their requirements and qualifications? Furthermore, to what degree are health care activities a matter of a specific working culture? The PLA method described here also gives rise to another type of question about the legitimacy and transferability of the kind of experience, knowledge, and skills that are assessed and acknowledged within a specific organization. There are, of course, different dimensions to that question, such as the general importance and necessity of workplace learning and competency development. But there are also examples of the opposite when the legitimization of certain knowledge and skills in one organization may not be quite as easily acknowledged and applicable to another organization. Nevertheless, Certified Profession is an example of a health care organization taking responsibility to make a clear stand in laying a common foundation of knowledge, skills, and a specific health care culture, and helping us recognize where PLA can be a way to accomplish this.

Note

¹ More information about Certified Profession (*Kravmärkt Yrkesroll*) may be found at <http://www.kravmarktyrkesroll.se/>.

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