

ラヒホイタヤ課程を開始する前の教育バックグラウンドや職歴に関しては全く異なるものとなっている。

- ・保健医療福祉分野の現場での技術革新に学校側としては追いつくのは結構困難な課題であり、チャレンジである。
- ・職業能力ベースの教育課程において学生の能力を評価するため、学校が生徒を評価する者 (assessor) を探さなければならないのは苦労がある。評価者は法律で必要な評価に関し知識を有する者でなければならないと規定されており、「教育を受けた現場の人」が必要となる。
- ・政府から教育機関への補助金は現時点では学生一人当たりいくらかで計算され、支出されている^{25xvi}。
- ・国全体を考えると、南部に人が移住する傾向にある。移民も南部に多い。制度創設時、制度創設を提案した自治体連合の関係者は人材の専門間の移動についても想定していた。ラヒホイタヤはそうしたフレキシビリティを持ちうる資格であり、必要だと思う。ただ、実際にすべての分野について専門性を持っているような人はいないのではないか。分野によってはオーバーラップすることもあるが、その理想を達しているとは言えないと思う。(学生のスキル別分類につき、図資 1-5)
- ・看護師との間のバリアは最初があったが、いまではラヒホイタヤが職能としての固有の職務や役割を持つようになり、その点は看護師にも認識されるようになった。一方で、EU 指令で看護師は規定されているが、ラヒホイタヤはフィンランドのみの独自の仕組みである違いがある。フィンランドの法律でも名称独占である。看護師は最初は懸念も有していたと思われるが、現場では看護師とは違う責任が与えられるようになった。投薬に関してはラヒホイタヤと看護師の境目はフレキシブルである。例えば IV については、緊急事態か、あるいは救急の専門教育を受けたラヒホイタヤは可能だが、その他の者は IV はできない。またラヒホイタヤは予防接種ができない。薬を摂取しやすいように一回の投与分に分けることはできる。医師はラヒホイタヤをプロフェッショナルと見なしている。ラヒホイタヤはケアプランの作成や、日常の業務 (everyday work) を行っている。
- ・子どものケアの場合については法令上の変更が準備されており、早期児童教育に係る職業能力 (early childhood education competence) の資格 (qualification) の作成を検討している。早期児童教育は幼稚園教諭が行っているが、幼稚園において幼稚園教諭の占める割合は 20% 程度であり、そこには一定の知識もあり、病気の子どもも扱うことができるラヒホイタヤが存在する。ラヒホイタヤは子どもの日常生活の世話はできるが、幼稚園教諭ほどの教育を受けてい

²⁵ 単価は職業分野毎に異なる。また、ここで指摘されている以外に、2011 年から職業訓練教育については教育のアウトカムや質の評価に基づく補助金 (Performance-based funding) もなされている。具体的には、資格保有者の就職情報やより高いレベルへの進学状況、中退率、資格合格者の割合、教員の公式資格の保有割合、職員教育 (staff development) への投資についての指標に基づき配分されている。職業訓練教育への補助金全体では 3% となっている。(FNBE 等, 2010)

るわけではない。幼稚園教諭も職業能力を高めようとしており、ラヒホイタヤについても高めるべきであると考えられている。

(以下図資 1-1~1-5 は FNBE 提供資料をセルボ貴子訳)

(図資1-1: ラヒホイタヤ学生数(学校別)) 2014年

	教育要綱に基づく 教育/学位	実技ベースの教育 /学位	合計
公立 Aikuiskoulutuskeskus Kouvola		18	18
自治体連立 Amiedu		469	469
公立 Ammattiopisto Lappia	271	344	615
公立 Ammattiopisto Livia, Sos- ja te	215	165	380
自治体連立 Ammattiopisto Tavastia	397	221	618
自治体連立 Axxell	106	120	226
自治体連立 Edupoli		201	201
自治体連立 Etelä-Kymenlaakson ammattiop.	203	272	475
自治体連立 Etelä-Savon ammattiopisto	252	231	483
自治体連立 Forssan ammatti-instituutti	111	119	230
教会系 Helsingin Diakoniaopisto	479	404	883
自治体連立 Hyria koulutus Oy	221	214	435
自治体連立 Itä-Lapin ammattiopisto	47	19	66
市立成人教育 Jyväskylän aikuisopisto	8	364	372
市立 総合職業専門 Jyväskylän ammattiopisto	842		842
市立 Jämsän ammattiopisto	74	138	212
市立 Kainuun amm.op.(1.1.2008-)	234	291	525
公立 Karkun kotital-sosiaalioppil.	138	57	195
自治体連立 成人教育 Keski-Pohjanmaan aik.koulutus		233	233
自治体連立 職業訓練 Keski-Pohjanmaan ammattiopisto	365		365
障がい者財団経営(*) Keskuopiston amm.o(1.1.2009-)	42		42
自治体連立 成人教育 Keudan aikuisopisto		371	371
自治体連立 職業訓練 Keudan ammattiopisto	259		259
財団系 Kipulan amm.opisto(1.1.2009-)	22	8	30
自治体連立 Koulutuskes. Sedu (1.1.2009-)	749	89	838
自治体連立 Koulutuskeskus Salpaus	670	464	1,134
自治体連立 Kouvolan seud.am.op(1.1.2001-)	219	336	555
教会系 Lahden diakonian instituutti	127	95	222
自治体連立 Lapin amm.opisto (1.1.2007-)	411	160	571
公立 Liedon ammatti- ja aik.opisto	41		41
市立 Loimaan ammatti- ja aik.opisto	98	19	117
公立 Luksia, Länsi-Uudenmaan aik.op		113	113
公立 Luksia, Länsi-Uudenmaan amm.op	221		221
自治体連立 Mäntän seudun koulutuskeskus	23		23
市立 Naantalin ammattiopisto	160	51	211
自治体連立 成人教育 Omnian aikuisopisto		595	595
自治体連立 職業訓練 Omnian ammattiopisto	755		755
公立 Oulaisten ammattiopisto	159	190	349
市立 Oulun Aikuiskoulutuskeskus Oy		375	375
教会系 Oulun diakoniaopisto	107	99	206
自治体連立 Oulun seudun ammattiopisto	875	416	1,291
自治体連立 P-K:n Aikuisopisto		407	407
自治体連立 P-K:n amm.opisto Joensuu palv.	368		368
自治体連立 P-K:n amm.opisto Kitee	47		47
自治体連立 P-K:n amm.opisto Lieksa	58		58
自治体連立 P-K:n amm.opisto Outokumpu	117		117
自治体連立 Pohj.Keski-Suomen ammattiopist	91	227	318
2/3がボルヴォー市周辺自治体、1/3を企業が所有する 形態のカレッジ Porvoo International College	90	70	160
市立 Porvoon ammattiopisto	1		1
自治体連立 PSK-Aikuisopisto		86	86
自治体連立 S.linnan ammatti- ja aikuisop.	93	169	262
国立 Saamelaisalueen koulutuskeskus	31		31
自治体連立 Saimaan ammattiopisto Sampo	364	391	755
自治体連立 Salon seudun aikuisopisto		164	164
自治体連立 Salon seudun ammattiopisto	257		257
自治体連立 SATAEDU	131	363	494
自治体連立 Savon ammatti- ja aikuisopisto	867	814	1,681
自治体連立 Sedu Aikuiskoulutus, liikel.		270	270
教会系 Seurakuntaopisto	204	219	423
市立 成人教育 Stadin aikuisopisto		1,023	1,023
市立 職業訓練 Stadin ammattiopisto	1,432		1,432
市立 Tampereen Aikuiskoulutuskeskus		185	185
自治体連立 Tampereen seudun ammattiopisto	1,150	1,063	2,213
公立 Teak Teknologikeskus Oy		46	46
名称不明の学校	129	4,522	4,651
市立 Turun Aikuiskoulutuskeskus		174	174
市立 Turun ammatti-inst.(1.8.1998-)	605	170	775
自治体連立 Uudenkaupungin amm-aik. Novida	90	6	96
市立 Vaasan aikuisk.-Vasa vuxenutb.		181	181
市立 Vaasan amm.opist-Vasa yrk.inst	388		388
市立 Valkeakosken ammatti- ja aik.op	54	43	97
市立 Vantaan ammattiopisto Varia	306	343	649
自治体連立 WinNova	536	427	963
公立 Ylivieskan ammattiopisto	109	230	339
自治体連立 Yrkesakademien i Österbotten	249	191	440
スウェーデン語系 自治体連立 Yrkesinstitutet Practicum	164	57	221
自治体連立 Ålands yrkesgymnasium	63	83	146
合計	16,895	19,185	36,080

(*)元々は戦争未亡人、戦争負傷者、戦争孤児を対象とした教育機関だった

(図資 1-2 : ラヒホイタヤ学生数 (設置主体別)) 2014 年

	教育要綱に基づく 教育／資格	実技ベースの教育 ／資格	合計
首都圏自治体連立 Ami-Säätiö		550	550
南部沿岸のスウェーデン語地域連立 Axxell Utbildning Ab	106	179	285
公立Espoon seudun koulutuskuntayhtymä omnia	757	761	1,518
南カルヤラ地方自治体連立 Etelä-Karjalan Koulutuskuntayhtymä	364	432	796
南サヴォ地方自治体連立 Etelä-Savon Koulutus Oy	255	340	595
キリスト教会教区系 Helsingin Diakonissalaitoksen Säätiö	480	404	884
市立 Helsingin Kaupunki	1,438	1,366	2,804
首都圏自治体連立 Hyria Koulutus Oy	221	286	507
障がい者財団 Invalidisäätiö	42		42
東サヴォ地方自治体連立 Itä-Savon Koulutuskuntayhtymä	93	202	295
東ウウシマー地方自治体連立 Itä-Uudenmaan Koulutuskuntayhtymä	1	266	267
自治体連立 Jokilaaksojen Koulutuskuntayhtymä	268	470	738
自治体連立 Jyväskylän Koulutuskuntayhtymä	930	618	1,548
湖水地方自治体連立 Järvisuudun Koulutuskuntayhtymä		31	31
市立 Kajaanin Kaupunki	234	321	555
市立 Kemijärven Kaupunki	48	54	102
ラップランド自治体連立 Kemi-Tornionlaakson Koulutuskuntayhtymä Lappia	272	371	643
中北部自治体連立 Keski-Pohjanmaan Koulutusyhtymä	368	279	647
中央ウウシマー地方自治体連立 Keski-Uudenmaan Koulutuskuntayhtymä	265	443	708
自治体連立 Kiipulasäätiö	22	8	30
教会サービス系 Kirkkopalvelut Ry	213	406	619
公立北東フィンランド成人教育 Koillis-Suomen Aikuiskoulutus Oy	1	8	9
自治体連立 Kotkan-Haminan Seudun Koulutuskuntayhtymä	205	333	538
中南部の自治体連立 Koulutuskuntayhtymä Tavastia	403	301	704
市関連財団 成人教育 Kouvolan Ammatillinen Aikuiskoulutussäätiö		18	18
市立 Kouvolan Kaupunki	219	396	615
教会系列 Lahden Diakoniasäätiö	127	95	222
西ハメ地方自治体連立 Lounais-Hämeen Ammatillisen Koulutuksen Kuntayhtymä	115	156	271
西フィンランド自治体連立 Lounais-Suomen Koulutuskuntayhtymä	230	108	338
西ウウシマー地方自治体連立 Luksia, Länsi-Uudenmaan Koulutuskuntayhtymä	223	259	482
西海岸自治体連立 Länsirannikon Koulutus Oy	536	633	1,169
西部沿岸スウェーデン語系自治体連立 Optima Samkommun	4	43	47
オウル市 公立成人教育 Oulun Aikuiskoulutuskeskus Oy		432	432
教会系Oulun Diakonissalaitoksen Säätiö	107	99	206
オウル周辺自治体連立 Oulun Seudun Koulutuskuntayhtymä	876	506	1,382
2/3がボルヴォー市周辺自治体、1/3を企業が所有する形態の カレッジ Oy Porvoo International College Ab	90	102	192
自治体連立 Peimarin Koulutuskuntayhtymä	215	165	380
自治体連立 Pohjois-Karjalan Koulutuskuntayhtymä	592	524	1,116
自治体連立 Pohjois-Suomen Koulutuskeskussäätiö		129	129
自治体連立 Pajät-Hämeen Koulutuskonserni - Kuntayhtymä	676	567	1,243
自治体連立 Raision Seudun Koulutuskuntayhtymä	161	94	255
自治体連立 Rovaniemen Koulutuskuntayhtymä	411	236	647
(ラップランド)サーメ語地域用 国立 Saamelaisalueen Koulutuskeskus	31		31
自治体連立 Salon Seudun Koulutuskuntayhtymä	264	216	480
自治体連立 Sastamalan Koulutuskuntayhtymä	161	170	331
自治体連立 Satakunnan Koulutuskuntayhtymä	135	624	759
自治体連立 Savon Koulutuskuntayhtymä	868	907	1,775
Seinäjoen Koulutuskuntayhtymä	749	461	1,210
Suupohjan Koulutuskuntayhtymä		53	53
スウェーデン語系ヘルシンキ周辺自治体連立 Svenska Framtidskolan i Helsingforsregionen Ab	164	176	340
スウェーデン語系 ボホマンマー地方自治体連立 Svenska Österbottens Förbund För Utbildning Och Kultur	249	191	440
公立タンペレ成人教育財団 Tampereen Aikuiskoulutussäätiö		185	185
市立 Tampereen Kaupunki	1,163	1,326	2,489
公立 技術系成人教育学校 Teak Teknologikeskus Oy		46	46
市立 トルク成人教育財団 Turun Aikuiskoulutussäätiö		193	193
トルク市 Turun Kaupunki	635	312	947
ヴァーサ市 Vaasan Kaupunki	390	374	764
自治体連立 Valkeakosken Seudun Koulutuskuntayhtymä	54	43	97
ヴァンター市 Vantaan Kaupunki	310	506	816
上サヴォ地方自治体連立 Ylä-Savon Koulutuskuntayhtymä		50	50
オーランド諸島州政府系 Ålands Landskapsregering	63	104	167
自治体連立 Äänekosken Ammatillisen Koulutuksen Kuntayhtymä	91	257	348
合計	16,895	19,185	36,080

(図資1-3: ラヒホイタヤ学生数(性・年齢別)) 2010~14年

	2010		2010 合計	2011		2011 合計	2012		2012 合計
	男性	女性		男性	女性		男性	女性	
15 - 19 歳	1,047	10,348	11,395	1,139	10,349	11,488	1,203	10,207	11,410
20 - 24 歳	798	4,561	5,359	878	4,905	5,783	917	5,156	6,073
25 - 29 歳	541	2,711	3,252	630	3,023	3,653	726	3,169	3,895
30 - 34 歳	381	2,250	2,631	467	2,392	2,859	531	2,485	3,016
35 - 39 歳	322	2,274	2,596	369	2,314	2,683	375	2,291	2,666
40 - 44 歳	316	2,440	2,756	326	2,435	2,761	332	2,290	2,622
45 - 49 歳	254	2,228	2,482	267	2,209	2,476	282	2,060	2,342
50 - 54 歳	165	1,534	1,699	163	1,449	1,612	174	1,360	1,534
55 - 59 歳	41	412	453	58	444	502	63	404	467
60歳 またはそれ以上	1	25	26		26	26		29	29
不明		1	1					2	2
合計	3,866	28,784	32,650	4,297	29,546	33,843	4,603	29,453	34,056

	2013		2013 合計	2014		2014 合計
	男性	女性		男性	女性	
15 - 19 歳	1,304	10,489	11,793	1,458	10,685	12,143
20 - 24 歳	1,010	5,391	6,401	1,090	5,595	6,685
25 - 29 歳	759	3,226	3,985	813	3,367	4,180
30 - 34 歳	582	2,536	3,118	611	2,787	3,398
35 - 39 歳	402	2,302	2,704	428	2,421	2,849
40 - 44 歳	328	2,168	2,496	348	2,018	2,366
45 - 49 歳	325	2,018	2,343	340	2,022	2,362
50 - 54 歳	192	1,329	1,521	217	1,348	1,565
55 - 59 歳	75	448	523	65	444	509
60歳 またはそれ以上	1	30	31		22	22
不明	1	1	2		1	1
合計	4,979	29,938	34,917	5,370	30,710	36,080

(図資1-4: ラヒホイタヤ学生数(学歴別)) 2013年

義務教育後の学歴なし、または学歴不明	51.60%	高校卒業資格取得者	8.70%
職業専門教育基礎学位	27.00%	職業訓練、または専門化した職業訓練学位	6.10%
学士レベル高等教育機関学位	1.90%	修士以上、または研究者レベルの学位	0.60%
		オピスト(*)での学位	4.00%

(※)オピスト:旧課程の中等後職業教育機関。AMK(専門大学)制度導入時に再編・格上げされた。

(図資 1-5 : ラヒホイタヤ学生数 (学生スキル別)) 2010~14 年

	2010	2011	2012	2013	2014
顧客サービス及び情報管理分野	205	207	217	203	218
救急医療分野	658	637	666	743	695
フットケア分野			1	16	30
理学療法	745	974	981	1,273	1,271
児童及び教育関連	3,115	3,412	3,575	3,963	4,115
精神科、及び薬物中毒患者向けケア	1,817	1,900	1,990	2,274	2,355
看護、ケア	4,544	4,709	5,477	6,563	6,763
口腔一、歯科衛生	301	351	430	496	591
障がい者ケア	1,118	1,209	1,286	1,351	1,564
高齢者介護	4,022	4,432	3,933	4,090	3,836
顧客サービス及び情報管理分野(スウェーデン語)	1	1	1	1	1
救急医療分野(スウェーデン語)	14	15	16	13	13
理学療法(スウェーデン語)	13	33	30	43	26
児童保育及び青年教育、ケア(スウェーデン語)	171	164	206	213	230
精神科、及び薬物中毒ケア(スウェーデン語)	31	25	10	21	41
医療ケア及び介護(スウェーデン語)	179	198	128	177	124
口腔一、歯科衛生(スウェーデン語)			3	7	11
障がい者ケア(スウェーデン語)	23	44	57	44	54
高齢者介護(スウェーデン語)	235	257	207	246	243
不明	15,458	15,275	14,842	13,180	13,899
合計	32,650	33,843	34,056	34,917	36,080

⑦厚生省 (Ministry of Health and Social Affairs)

Kirsi Päivänsalo 氏 (Ministerial Adviser, Insurance Department) 及び Reijo Aillasmaa THL 氏 (National Institute of Health and Welfare) の統計担当

・ラヒホイタヤと総称される際には旧課程での同等の教育水準の者も含む場合があります。就業している全女性のおよそ 1/3 は保健医療福祉分野で働いているが、人数としては 50 代、60 代の者が多く、今後の需要増に対応した若年層の確保が課題である (図資 2-1)。就業中のラヒホイタヤの半数以上は福祉分野で働いており (図資 2-2)、その絶対数が増えている一方、保健医療分野での就業数は横ばいであり、割合としては 1/4 程度で徐々に減少している (図資 2-3 : 新旧職種とも、図資 2-4 : 新職種のみ²⁶⁾)。ラヒホイタヤの就業状況については税務データにより把握が可能であり、当該データとラヒホイタヤの資格にかかる登録データとのマッチングも可能である^{27xvii)}ため、有資格者の就業状況の把握が容易である。保健医療福祉

²⁶ 本文中にあるように「ラヒホイタヤ」と総称される際には、本調査で対象としている 1990 年代に設けられた共通資格 (新職種) の者のみを指す場合 (狭義) と、資格が共通化される前の旧資格者も含めての場合があり、実際に勤務する者についての議論に際しては注意を要する。

²⁷ フィンランドにおいては、税務、社会保険、住民登録等に住民登録番号が使われている (財務省ホームページ)。同じ住民登録番号を記載する欄が、ラヒホイタヤをはじめとした保健医療福祉の資格を管理する行政庁である Valvira (National Supervisory Authority for

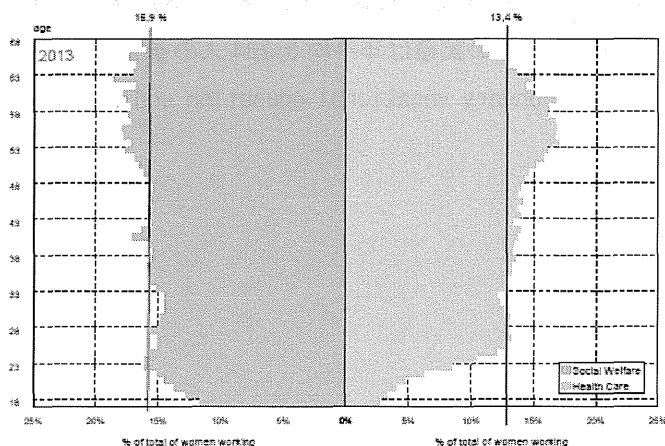
分野全体と同様ラヒホイタヤについても、就業している者の年齢階層は50代が中心であり若年層の確保が課題である(図資 2-5)。

- ・フィンランドにおいては1991年から4年に1度あらゆる分野の人材の需要と供給に関する見通しを雇用経済省、教育文化省、財務省、厚生省及び経済研究所、国家教育審議会、政府職員の専門家、労働組合、地方行政機関等からなるネットワークの下で作成している。ラヒホイタヤに関しては、直近の見通しによると2020年においては年間8,590名の若年者の新規参入者が必要となる一方で2010年から13年の実績は年平均8,284人の参入となっており、ほぼ満たしている(図資 2-6、“Upper secondary vocational education and training”がラヒホイタヤを示す)。

Welfare and Health)に対し、登録を申請する書式においても記入するようになっている。

(図資 2-1 : 年齢階級別、就業する女性における社会福祉分野（左側）及び医療分野（右側）で働く女性の割合（2013年）)

Proportion of women working in health and social services of all employed women in 2013 by age group, %

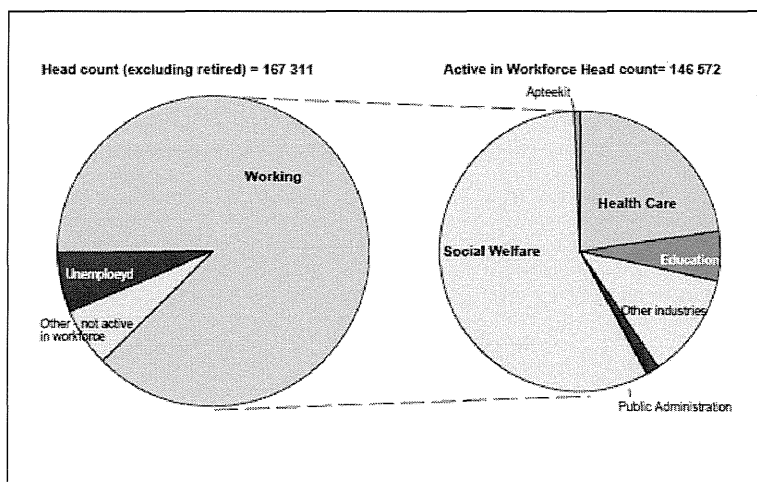


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10.1.2016

(図資 2-2 : ラヒホイタヤ有資格者（新旧とも）の就業状況と就業場所の分布（2013年）)

Employment status of qualified practical nurses or similar and distribution between different sectors in 2013

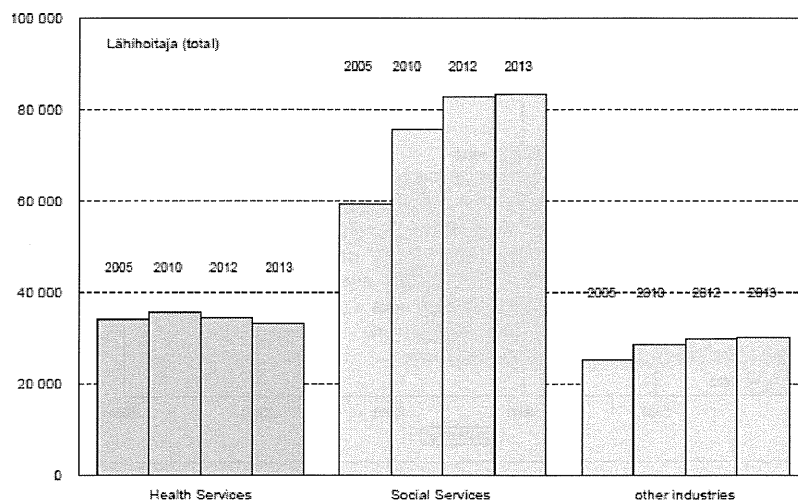


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(図資 2-3 : ラヒホイタヤ有資格者 (新旧とも) の分野別就業状況数 (2005, 2011-13 年))

"Lähihoitaja" (educ.) in Health and Social Services and other industries 2005, 2010, 2012 and 2013



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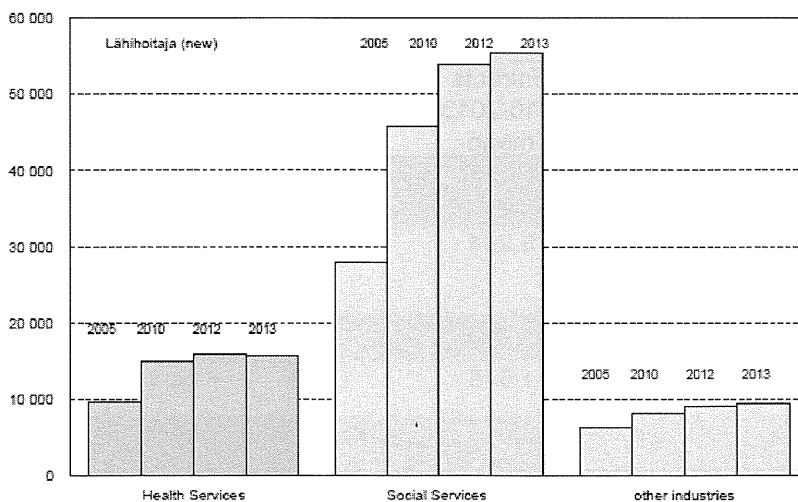
4.2.2018

rei.joukka@thl.fi

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(図資 2-4 : ラヒホイタヤ有資格者 (新職種のみ) の分野別就業状況数 (2005, 2011-13 年))

"Lähihoitaja" (educ.) in Health and Social Services and other industries 2005, 2010, 2012 and 2013



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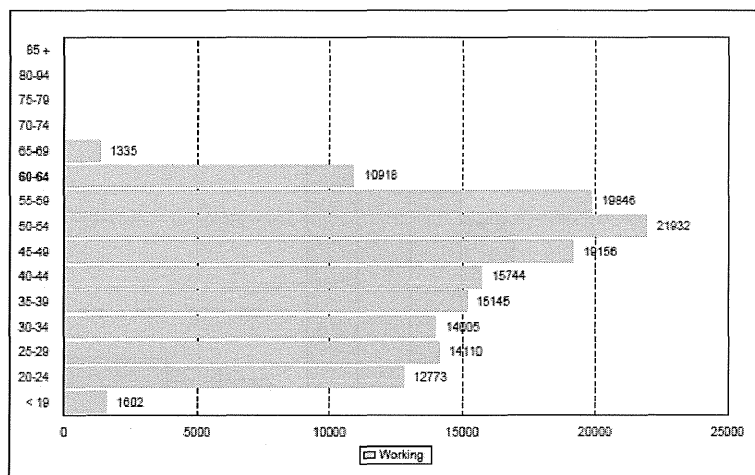
4.2.2018

rei.joukka@thl.fi

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(図資 2-5 : ラヒホイタヤ有資格者 (新旧とも) の年齢階級別就業数 (2013 年))

Age distribution of "Lähihoitaja" 2013 (education) 1/4



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4.2.2016

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(図資 2-6 : ラヒホイタヤの若年者年間就業参入数平均 (2010 年-13 年) と 2020 年就業必要数の予測)

ENTRANTS IN YOUTH-LEVEL PROVISION AND
INTAKE NEEDS TOWARDS 2020
BASED ON THE POLICY SCENARIO

Field and level of education	Entrants 2010-2013, mean	Intake needs 2020, n	Change, % (n)
Social Services, Health and Sports	17 707**	18 120*	+2,3% (+413)
▪ Upper secondary vocational education and training	8 284	8 590	+3,7 % (+306)
▪ Polytechnics	7 849	7 730	-1,5% (-119)
▪ Universities	1 575	1 800	+ 14,3 % (+225)
All fields	94 539	92 298	- 2,4 % (-2 241)

* 19,6 % of the total intake needs

** 18,7 % of the total number of entrants

Source: Reports of the Ministry of Education and Culture, Finland. 2015:14.

M.Vollimes-Potamaki

【巻末資料2：ラヒホイタヤの歴史 - 職業訓練教育の変遷】

※SUPERのまとめた文章として、国立教育委員会 Aira Rajamaki 氏から入手したもの

History- Practical nurse - Changes in vocational education

From enrolled nurse to practical nurse

In 1984, a trial of enrolled nurse training was launched as part of secondary education reform. Actual training was introduced throughout Finland in 1987. The training was 2.5 years in duration when provided as comprehensive school-based education and 1.5 years as general upper secondary-based education.

The (then) Finnish Union of Practical Nurses (Suomen Perushoitajaliitto or SuPer) was rather pleased with the reforms made to enrolled nurse training. However, based on student feedback, it became apparent that the training would have to be extended. Indeed, in its proposal submitted to the National Board of Health in 1988, the Union stated its desire for the Board of Health to approve the proposed extension of training. In April of 1989, the Board of Health announced that "At this point, it would be difficult to make changes in the training duration of state health care vocational qualifications, even if the National Board of Health felt that such an extension would be justified." The Union's proposals for extension of enrolled nurse training did not bear fruit.

At the end of 1989, the Union learned that enrolled nurse training would be discontinued. In October 1989, it sent a letter to the Minister of Social Affairs and Health Tarja Halonen, expressing its concern regarding the discontinuation of enrolled nurse training and requesting a response confirming whether this was indeed true. As stated in the Minister's response: "The rumours concerning the discontinuation of enrolled nurse training are unfounded. Enrolled nurses are a key personnel group in many social welfare and health care service units. The Ministry feels that it is vital to preserve the profession of enrolled nurse in the provision of social welfare and health care as well as to train an adequate number of new personnel to perform the duties of an enrolled nurse."

Planning the Vocational Qualification in Social and Health Care

Even though the Ministry of Social Affairs and Health had stated that there were no plans to discontinue enrolled nurse training, that same year, the National Board of Vocational Education began investigating possibilities for the consolidation of school-level

education and training in social and health care. The initiative for this was launched by municipal confederations, which based the move on working life needs.

(kuvateksti):

Working group proposes: Social and health care school-level professions to be consolidated. State agency-appointed working group proposes the consolidation of social and health care school-level professions, thus forming a single "basic level nurse" profession. The former training would be discontinued and new training would begin in the autumn of 1992.

An investigation into the consolidation of training was launched at the beginning of 1990 by the SOLA (Sosiaali-, lääkintö- ja ammattikasvatustukituksen yhteinen virkamiestyöryhmä) working group, whose name comes from the agencies represented in the group, i.e. The Ministry of Social Affairs and Health, the National Board of Health and the National Board of Vocational Education. There were no trade union representatives in the group and their opinions were not heard during work.

The SOLA working group proposed a new training structure, in which school-level training in social and health care would be combined to form a single vocational qualification. The Finnish Union of Enrolled Nurses (SuPer) was against the proposed training reform at that point and, in a release submitted during its union meeting, demanded that enrolled nurse training serve as the basis for school-level training in health care as well as that the professional title would be enrolled nurse.

SuPer drew attention to the fact that the working group had only planned the reform of school-level training, but had completely overlooked post-secondary level training. Also overlooked was how the thousands of people in working life who had completed their school-level qualification would be included in the new system. Secondary education had just been reformed. SuPer felt that no comprehensive changes should be made until sufficient experience with the reformed training system had been gained and the impacts of the educational reform had been properly assessed. SuPer believed that the reforms had been planned as an emergency solution for the labour shortage at that time and that it would compromise the attractiveness of nursing professions.

Reform preparations continued with the Ministry of Education appointing a working group in December 1990 to draft, based on SOLA's proposal, a simpler proposal for a new training structure and implementation schedule. This new working group was called SOTEKO. A SuPer

representative served in a consulting capacity in the working group and Union representatives met with working group members.

The SOTEKO working group's proposal was completed in August 1991. The working group proposed the discontinuation of three social and seven health care education programmes, replacing them with a single, broad-based vocational qualification. Its purpose was to give validity to tasks requiring a school-level qualification in both social and health care. The proposed titles for the vocational qualification were practical or enrolled nurse. SuPer had a cautiously positive attitude toward the working group's proposal, due to the fact that it was able to have a say on the contents of the proposal during its preparation. SuPer also felt that enrolled nurse would be a suitable title for the vocational qualification.

In a SuPer magazine article (10/1991), SuPer chairperson Kaarina Muhli made the following statement regarding the SOTEKO proposal: "In my opinion, this new plan is outstanding compared to the first proposal. It takes into consideration a person's entire lifespan, the different phases of life, family situation and various illnesses as well as social problems.

To this day, enrolled nurses have performed an extremely broad range of tasks. The new training provides even more nursing and care skills. Previously, we made the mistake of creating an entirely new profession every time we needed new expertise."

(kuvateksti):

Minister of Education supports SuPer's goals

Text and photo: Leija Sironen

Minister of Education Riitta Uosukainen understands well that SuPer wants to be involved in influencing curricula when enrolled nurse training is reformed. "It is the right and proper thing to do," said Uosukainen to Chairperson Kaarina Muhli.

Minister of Education Riitta Uosukainen listens closely as Kaarina Muhli states SuPer's position on training issues in the field of nursing.

The Minister of Education discussed current issues of interest to enrolled nurses with Chairperson Kaarina Muhli and vocational affairs director Arja Niittynen in her office.

The reform of school-level training in health care featured prominently in the discussion. The Minister nodded approvingly...

The name alone reveals what this kind of work involves. The title of 'Enrolled Nurse' is already registered as an official title, while 'Practical Nurse' is not, explains Muhli.

Uosukainen lends her unequivocal support to higher education. In her view, this autumn's municipal elections represent an important milestone:

"This will be an election for education. It will decide whether we want to also invest in the education of our people."

She also agreed with SuPer's position that adequate scope should be guaranteed for the nurse training module in the training reform.

"The module should be at least one year in duration in basic education. In continuing education, a shorter module would be sufficient," stated Niittynen...

According to Uosukainen, charting the training situation in nursing would now require a comprehensive examination.

"We must give serious consideration to both basic and further studies. The field is changing. The influence of EU directives, internationalisation, government subsidy reform, polytechnics and other factors have a decisive impact on the situation. We have to ensure that we don't have several partial reforms contradicting each other," states Uosukainen, who then talked about her plan:

"Not even the numerous recent reports published provide a comprehensive overview. I think a good idea is to bring in some kind of investigator to examine the whole..."

(kuvateksti):

Enrolled nurse training in upheaval

Text: Arja Niittynen, Department head, SuPer

A working group appointed by the Ministry of Education in 1990 to investigate the structure of school-level training in social and health care has completed its work. The working

group suggest that the current ten school-level vocational qualifications be consolidated. The resulting single qualification would provide eligibility for professions in social and health care.

The reformed training would involve two years of core studies and six months of specialised studies. According to the plan, the specialised studies would be divided into eight modules.

SuPer felt that the nursing module should be more extensive than proposed.

Training trial

According to the SOTEKO proposal, the new training was to be given a trial run before its actual launch, in connection with the youth training being provided at that time. There were no plans to organise a national trial phase for the training.

In the autumn of 1992, three educational institutions, the Kainuu Health Care Institute, Oulu Vocational College and Vantaa Social and Health Care Institute, began the trial of new training leading to a vocational qualification.

The name of the trial curriculum developed for the trial education programme was the "National Core Curriculum for Practical Nurse". The interesting thing about this was that the title "practical nurse" was used at that time, even though it was not accepted as the official professional title. The trial curriculum was approved in June 1992. The scope of the qualification was 100 credits, 20 of which were reserved for specialisation studies.

Student applications for the trial education programme were accepted at the beginning of 1992 in a joint application system.

Consolidation of the school-level vocational qualifications in social and health care

The training trials in the three educational institutions had only been running for their first term when the Minister of Education decided at the end of 1992 to consolidate the school-level vocational qualifications in social and health care, thus creating a vocational qualification in social and health care. The training period was 2.5 years. The qualification was given the official title: Vocational Qualification in Social and Health Care. A decision was made to introduce the new training structure gradually between

1993 and 1995. The upper secondary level training trial was integrated with the vocational training.

This change in the training structure resulted in a refining of the curriculum draft. The national core curriculum was approved in May 1993. The education programme for the Vocational Qualification in Social and Health Care began in the autumn of 1993 at a total of 65 educational institutions, with 2,273 students admitted to the programme.

During the transitional phase of training in 1993–1994, an old-form school-level education programme was also launched. During the 1994–1995 academic year, only the new-form education programme was launched, with the last candidates from the old-form education programme completing their qualification in the spring of 1996.

The training initially went under the name SOTEKO. Beginning from the first autumn, the education programme could also be completed as adult education, with skills tests. The first enrolled nurses graduated on this track in Kemi in 1995. In the spring of 1994, the National Board of Education began assessment. Based on this, the structure and qualifications in all fields of vocational training and education were reformed in 1999.

At the same time, the Act on Health Care Professionals was amended, entering into effect on 1 July 1994. The Act divided health care professionals into two groups: licensed or authorised professionals and professionals with a protected occupational title. Assistant nurses, enrolled nurses and practical nurses were entered in the (then) National Authority of Medicolegal Affairs central register as professionals with a protected occupational title. SuPer opposed the division of nurses into licensed or authorised (nurses, etc.) and professionals with a protected occupational title (practical nurses, etc.).

Standardisation of training

The Ministry of Education standardised education programmes in its decision dated 1 August 1995. On 7 June 1994, the Ministry adopted the Vocational Qualification in Social and Health Care, Practical Nurse as the official title of the qualification. Candidates who started their training for the vocational qualification in social and health care before the decision entered into force were also permitted to use the new qualification title.

The standardised training curriculum was adopted in April 1995. A few changes were made to the vocational qualification. Its scope remained 100 credits. Specialisation modules were changed into competence areas. There were seven alternative competence areas. SuPer's work resulted in the formation of a nursing module for competence area studies. SuPer influenced the content of the qualification in the Education Committee, working groups at educational institutions, by issuing statements and submitting proposals for development of the qualification. SuPer worked in co-operation with other unions and the authorities.

In 1995, the first roughly 4,300 practical nurses graduated.

Initial difficulties

In the early stages, there were a wide variety of questions and suspicions concerning the training reform. Training was being provided not only in social and health care educational and training institutions, but also, for example, schools of home economics. The standard of training varied at first, and it did not meet the requirements set for instruction in all cases. In working life, the practical nurse qualification and the competences it conferred were not known, nor was there sufficient desire to recognise them. Many graduates experienced difficulties in finding employment that was commensurate with their training.

Labour policy training had been apt to cause confusion. The Ministry of Labour (now called the Ministry of Employment and the Economy) was responsible for training. In the early years, actors which did not possess the same training credentials as social and health care educational and training institutions or vocational colleges were approved as training providers. Training was also provided in short courses, which did not confer actual qualifications for any sort of social or health care position. It was not until later that the situation regarding practical nurses was rectified.

SuPer had repeatedly proposed that the responsibility for labour policy training of practical nurses be shifted from the Ministry of Employment and the Economy to the Ministry of Education in order to ensure the quality of training.

Practical nurse training extended

In 1998, the Ministry of Education decided to reform the structure of the practical nurse qualification, so that the duration of training would be 120 credits and the training would include at least 20 credits of on-the-job learning. The decision entered into force on 1 August 1999. At the same time, a third national core curriculum was adopted.

(kuvateksti):

Practical nurse qualification is the future of training

Text: Sonja Kähkönen Photo: Jukka Järvelä

The content of practical nurse training is precisely what is needed in the workplace, when the reforms to social and health care are realised," stated Minister of Health and Social Services, Paula Risikko at the Lähihoitaja2010 event.

Paula Risikko opened the Lähihoitaja (Practical Nurse) event on 17 September by talking about the legislative reform of social and health care currently being addressed in Parliament and reiterating the strengths of practical nurse training, which will be needed to face future challenges.

"The practical nurse is a professional in both social and health care. Their expertise is broad-based and in-depth in the various fields of social and health care. They are your (???)," stated the Minister of Health and Social Services to the audience, which consisted mainly of students.

Risikko pointed out that practical nurses will be needed both now and in the future for social care, basic health care and hospital care. The legislative reform will bring a host of changes to the field of nursing. The Minister felt it was a good thing that practical nurse training has developed in pace with the development of society.

"There has been a lot of forward progress in training, while still retaining its core, that is, the combining of social and health care."

An ageing population poses challenges for the future. An effort is being made to tackle this challenge by increasing the number of training places.

“The goal we have set is to add 7,400 study places for practical nurse training during the period 2007–2012. According to our estimates, we would need one thousand additional practical nurses by the year 2014, particularly for elderly and disabled services.”

Fifteen per cent of trained practical nurses work outside the nursing field, the population is ageing and practical and enrolled nurses are retiring. Due to the threat of a practical nurse shortage, the exodus of practical nurses to other fields should be prevented. According to Risikko, this is possible provided that the field, jobs and salaries remain attractive.

(kuvateksti kuvassa):

According to Minister of Health and Social Services Paula Risikko, social and health care professionals are skilled and motivated.

Specialisation studies were given additional credits, increasing from 20 credits to 40. Specialisation alternatives in the curriculum were changed to specialisation education programmes.

In the third national core curriculum, the education programme was expanded by including the education programmes in customer services and information management in the offering. SuPer and its members who received reception ward assistant or ward secretary training have pushed hard for this addition. In 2001, the education programme in rehabilitation was also added.

On-the-job learning part of training

Practical nurse training already included internships during the first two national core curricula. In the third national core curriculum, internships were changed to on-the-job learning. The goal was that part of the learning content in a education programme would be taught and learned in a workplace. During the on-the-job learning periods, students receive counselling from a guidance counsellor assigned to them. The counsellor might be a practical nurse or a person completing an equivalent qualification. SuPer has supported assessors by providing its own training and drafting guides to help in providing on-the-job learning guidance to practical nurse students.

In accordance with a 1999 decision made by the Ministry of Education, the practical nurse qualification could be completed as either a vocational qualification or competence-based qualification as of 1 August 2000.

The competence-based qualification was created as a means for adults to earn a qualification. Skills learned in training, working life and hobbies is taken into account when drafting the personal study plan. Training leading to a competence-based qualification is defined according to the student's prior studies, work experience and knowledge, thus making it possible to achieve the vocational skill requirements specified in the qualification. If the candidate has no prior qualification in social and/or health care, the preparatory training must include compulsory qualification units in order to cover the (minimum) 80 credits required for vocational units.

In the competence-based qualification system, students demonstrate their vocational skills in a skills demonstration, primarily performing real work tasks, i.e. in a normal work environment. Demonstrations are organised and performed one at a time for each vocational unit.

The candidate's vocational skills are evaluated by employee, employer and teaching staff representatives. SuPer felt that it was important to use practical nurses and those who had completed the earlier school-level qualification as the primary assessors of working life competence. The chair of the Practical nurse qualification committee and organiser of competence tests sign the qualification certificate and certificates stating the completion of a vocational unit or units.

Reform of the practical nurse qualification

The qualification requirements for vocational qualifications and competence-based qualifications were consolidated in 2010. The title of the Education programme in Oral and Dental care was changed to the Education programme in Oral Health Care. Otherwise, the titles of practical nurse qualification units were left unchanged.

The new qualification requirements apply to common vocational upper secondary education and training and competence-based qualifications. Vocational units and their vocational skill requirements, assessment targets and assessment criteria are common. There may be some differences in the methods used for demonstrating vocational skills. Vocational