Chapter 2

Overview of Qualifications Framework on Long-term Care

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Chapter 2

Overview of Qualifications Framework on Long-term Care

1. Japan's Policy on LTC and Cross-Border LTCWs

To cope with growing demand for long-term care (LTC), Japan has developed a unique system based on social (or compulsory) insurance. Before the introduction of LTC insurance in 2000, Japan's LTC systems had been heavily dependent on traditional care where informal family caregivers and community volunteers, particularly women, played a central role. Due to the shrinking family size caused by demographic transition, such systems could no longer work. One of the most important goals of LTC insurance was to relieve family caregivers from the burden of care for older people. Since the introduction of LTC insurance in 2000, Japan has developed various LTC service providers, education, and training systems for professionals and workers, and technological innovation.

Japan's care regime is taking the strategy of reducing reliance on family caregivers as well as the reliance on tax revenues, so some services of LTC insurance may be provided by private companies, though the system, including the fee schedule, is regulated by the government. In this system, the quality of long-term care workers (LTCWs) is ensured by the professional qualification system (PQF) of certified caregivers and training programmes related to the LTC insurance system.

Japan opened its labour market for LTCW in 2008 for the first time through the bilateral economic partnership agreement (EPA) with Indonesia, followed by the Philippines in 2009 and Viet Nam in 2014. Under this system, cross-border LTCWs are accepted as 'candidates of certified caregivers' in LTC facilities providing institutional care. Their work permit is issued for 4 years (a 1-year extension is allowed); after their duty years as 'candidates of certified caregivers', they are supposed to take the national examination. If they pass the exam, they receive Japan's national caregiver certification and are granted work permits with unlimited renewals; otherwise, they are obliged to return to their home countries. The Japanese government introduced this strict regulation to secure the quality of LTCWs in Japan's LTC system, so only highly specialised

persons are eligible to be a cross-border LTCW under the EPA programme. In fact, degrees of nursing or caregiving are included in the requirements for the applicants of the EPA certified-care-worker-candidate (CCW-candidate) programme.

The EPA CCW-candidate programme was designed, at least officially, to provide job opportunities to potential caregivers of the counterpart countries, not to alleviate the shortage of the LTC workforce in Japan. Several years after this programme started, only a few candidates had been certified as caregivers and the majority had returned to their home countries. This programme, however, was not designed to recognise these human resources in their home countries as valuable and skilled LTCWs who were well trained in a country with a well-established LTC system. When Japan intended to expand the programmes to accept more cross-border LTCWs, the utilisation and reintegration of foreign-skilled LTCWs in the sending countries after their return should have been taken into consideration.

In 2016, based on a policy brief made by the Liberal Democratic Party, the Japanese government launched the Asia Health and Wellbeing Initiative. This is the first Japanese government policy that incorporates the concept of cross-border circulation of LTCWs. Because of the growing demand for LTC due to population ageing, it was expected that Japan would face a critical LTC workforce shortage. To attract LTCW-sending countries and quality cross-border LTCWs, Japan was required to ensure that such human resources could benefit even sending countries, which were also expected to have a more aged population in the near future.

In response to the Asia Health and Wellbeing Initiative, the Japanese government enacted three new pathways that let cross-border LTCWs work in Japan: 1) the new resident status of 'Care Work' for foreigners who are registered as certified care workers in Japan; 2) the new occupation category under the Technical Intern Training Program (TITP) allowing cross-border LTCWs work in Japan as trainees for 5 years maximum; and 3) the new resident status 'Specified Skills' providing the opportunities, as an example, for the trainees who have completed the contract under TITP to continue working in Japan if they succeed in showing (probably through a screening test) that they have enough skills and knowledge to contribute to Japan's LTC industries. As a result, the number of cross-border LTCWs coming into Japan has increased, but it is expected that most of them will still return to their home countries after they complete their duty years in Japan, even if they won the resident status with unlimited opportunities for renewal (personal communication with Prof. Hirano of Nagasaki University and Dr. Hiruma of Shizuoka University).

If Japan hopes to have more cross-border LTCWs, it will need to contribute to reintegration programmes in the sending countries, such as workplace development and life support. So far, not many cross-border LTCWs have returned to their home countries, but sooner or later, the development of a training model for cross-border LTCWs who can work both in Japan and in home countries could be urgently needed. Upon such discussion, international harmonisation of PDFs for LTCWs is crucial to encourage the reintegration of home-returned LTCWs so that what to learn in destination countries and how to make use of it in the home countries can be clearly indicated.

In this study, we focused on the Philippines and India as LTCW-sending countries. These countries have had a high interest in the development of human resources trained for working overseas, but have not been ready for population ageing of their own countries. We would like to suggest a training model of LTCWs whose knowledge and skills can be utilised by both sending and destination countries. We believe such a model will contribute to the circulation of cross-border caregivers and benefit both types of countries.

2. Qualifications Framework on LTC in the Philippines

The Philippines is one of the leading sources of overseas workers. Many older people in the Philippines rely financially on their family members who work overseas and make remittances, while they are physically supported by extended families and community members. Market-based LTC services have not developed in the Philippines.

On the other hand, the Philippines provides the Special Resident Retiree Visa to foreign elderly people who are supposed to stay at specially designed residential homes, mainly in resort areas. In these homes, however, quality LTC services have not been provided so far. In 2019, the Universal Health Care Act was enacted, so it is expected that more affordable healthcare services will be provided in the Philippines, covering the growing number of older people, as well as the people who need LTC.

2.1. Government bodies regulating overseas Filipino workers

The Philippine government has several bodies that regulate and support overseas Filipino

workers, namely the Philippine Overseas Employees Administration, Overseas Workers Welfare Administration (OWWA), and Technical Education and Skills Development Authority (TESDA). TESDA was established to regulate a variety of vocational training programmes to meet overseas labour needs, since, in the Philippines, professional education, which is regulated by the Ministry of Education, is differentiated from vocational education. Vocational training for LTC falls into the category of domestic workers and caregivers according to the TESDA classification. The Philippines had sent a large number of cross-border domestic workers and caregivers, but sending caregivers overseas has been often suspended because of overseas scandals. The Philippine PQF was developed by TESDA and 'caregiver' is positioned at level 2.

TESDA had talks with the Association of Southeast Asian Nations (ASEAN) to harmonise the Philippine PQF with the ASEAN Qualifications Reference Framework (AQRF) since the former has already been accepted as a criterion aligned to AQRF (Commission on Higher Education, 2019). In addition, the Philippines reached a bilateral agreement with many countries on the mutual recognition of its nursing certification under the jurisdiction of the Ministry of Education.

Reintegration programmes for returned overseas Filipino workers are implemented by OWWA. Not a few caregiver-candidates under the Japan-Philippine EPA have already come back to the home country but they have not been given enough information on the reintegration programmes. Considering the expectation that more Filipino LTCWs will work in Japan and come back to the Philippines, both governments and stakeholders of LTC industries are encouraged to strengthen cooperation to establish a model of the circulation of human resources of LTC so that Filipino LTCWs can smoothly get used to the LTC practice in Japan and can be reintegrated into the services provided in the Philippines after their return.

2.2. Requirements for cross-border LTCWs

Requirements for cross-border LTCWs directly affect the quality of the services they provide. CCW-candidates of EPA programmes are supposed to acquire high-level knowledge and skills that enable them to pass Japan's national certified caregiver examination. In the case of the Philippines, EPA CCW-candidates must fulfil either of the following requirements: 1) graduate from a 4-year university and be certified as a caregiver by the Philippine government; or 2) graduate from a 4-year Philippine nursing school (bachelor's degree is required). To be consistent

with the requirements of Japan-Philippine EPA CCW-candidate programme, the Philippine PQF was amended to incorporate the years of education into the criteria.

Before coming to Japan, the EPA candidates are required either to participate in a 6-month Japanese language training course or to have the certificate of N4 or higher on the Japanese Language Proficiency Test (JLPT) (N5: beginner, N4: basic, N3: intermediate, N2: advanced, N1: expert). For this reason, private Japanese language schools in the Philippines that can also provide caregiving training are ideal places for potential EPA CCW-candidates to acquire required skills and knowledge.

The requirements for TITP trainees for LTC are different from EPA. The TITP trainees for LTC are supposed to satisfy the following two requirements: 1) Japanese language proficiency equivalent to N4 of JLPT (N3, when they move on to the second year of TITP-LTC trainee); and 2) work experience of LTC or similar tasks in other countries. The Japan International Trainee and Skilled Worker Cooperation Organization (JITCO) shows eligibility for TITP trainees in terms of work experience as follows (JITCO, n.d.): (1) A person who has experience in a foreign country (country other than Japan) working in a care worker facility for older persons or persons with disabilities or in homes, etc. performing care for activities of daily living, functional training, etc.; (2) a person who completed a nursing course or has nursing qualification in a foreign country; or (3) a person who has been certified as a care worker by a foreign government. In the Philippines, there are very few people who fulfil category (1), while many people can satisfy category (2) because of the excessive supply of nurses in the Philippines who are trained to work overseas. The problem is category (3), as it has not been officially endorsed whether or not TESDA's certification of caregiver can be considered as satisfying its requirements.

The Japanese government and the Philippine government signed a memorandum of cooperation (MOC) on TITP (not limited to care workers but all occupational categories) and both parties agreed that TITP trainees can be accepted only from the organisations accredited by the Philippine government. The Philippine Overseas Employees Administration, OWWA, and the National Reintegration Center for Overseas Filipino Workers under OWWA are involved with this agreement, but TESDA is not participating. For this reason, mutual understanding on the work experience requirements for TITP trainees for LTC was not achieved. Also, the Department of Education and the Department of Health of the Philippines were not involved with this agreement, so educational curricula for healthcare professionals in the Philippines have not been

well integrated into the requirements of TITP trainees for LTC. Such a lack of coordination may negatively affect the development of reintegration programmes.

3. Qualifications Framework on LTC in India

Care for older people in India is still dominated by the belief in filial piety. In 2007, India enacted the Maintenance and Welfare of Parents and Senior Citizens Act, the so-called filial piety law, but in reality, older people are neglected. By illustration, India's Hindi festival of Kumbh-Mela provides opportunities for the abandonment of older people, often older widows. They are deliberately abandoned by family members in the crowd; estimates of abandoned older women are 10,000 in Varanasi and 16,000 in Vrindavan (Kardile, 2017; Spinney, 2013).

3.1. Care for older people in India

The number of old age homes is steadily increasing in India (Old Age Solutions, n.d.). As of 2009, India has 1,279 old age homes. Amongst them, 543 provide free services, 214 accept cases needing medical care, and 133 are exclusively for older women (Policy Research and Development Department HelpAge India, 2016; 2009).

India is attempting to reform the healthcare system in response to the global initiative for universal health coverage and changing disease epidemiology from infectious to non-communicable diseases. In addition to the National Health Mission, which focuses on primary healthcare, the Ayushman Bharat Programme was announced to be included in the union budget of India for 2018–19. It provides insurance coverage for a selected package of medical and surgical procedures for hospitalised patients of the socioeconomically vulnerable population. It also has the component of upgrading about 150,000 primary health centres throughout India (Kumar, 2020; Lahariya, 2018).

India started addressing the challenges of population ageing in the 1990s and adopted the National Policy on Older Persons in 1999. The government launched the National Programme for Health Care of the Elderly in 2011, which was renamed as Rashtriya Vrishta Jan Swasthya Yojana. Under this programme, the government makes interventions in old age care, such as the development of geriatric services, home care services and skilled labour, screening of non-communicable diseases, the development of mobile healthcare services, etc. particularly for the

population aged 75 years or above (UNESCAP, 2016).

In terms of the supply of caregivers, however, India has a growing crisis, especially in urban areas. India is not the exception of the countries where demographic and social transformation is taking place, such as the shrinking size of (extended) families and migration of younger generations to urban areas. Trained and qualified caregivers are almost non-existent and are in high demand. On the other hand, a high percentage of youths in India are unemployed. Care work can become a vocation for them to pursue and in which to be trained (HelpAge India, 2019).

3.2. Deskilled Indian nurses abroad

India is one of the major sources of cross-border healthcare workers, most of whom are nurses. Because of their cultural and religious background, Hindus, particularly the upper caste, and Muslims are not encouraged to enter the profession of nursing, so the stereotypical image of nurses as coming from very poor Christian families prevails (Nair and Percot, 2007). Nevertheless, nursing is a highly specialised profession that requires comparatively high-level education. Schooling for nursing imposes a heavy burden on supporting families and they expect the dividend of their investment on nursing education. According to a study in Singapore focusing on migrant nurses from India, many Hindu and some Muslim nurses could be found (Oda and Tsujita, 2018). This study revealed that many Indian nurses are not allowed to work as licensed nurses but as nursing aides or health assistants. This phenomenon is caused by Singapore's limited quota for foreign licensed nurses; as a result, many Indian-licensed nurses do not aim to queue for working as nursing immigrants but instead do so without a licence. Such downgrading of tasks for skilled personnel can be defined as 'deskilling'.

The problem of deskilling can be found in Japan's programmes to accept cross-border caregivers. The requirements of EPA CCW-candidates or TITP trainees for LTC include a nursing qualification, but caregiving does not necessarily require the specialised skills and knowledge for nursing, though it overlaps somewhat. This problem is deeply connected to the discussion on appropriate vocational training. To optimise the human resources, vocational training should correspond to the expected jobs that the trainees will be engaged in. The current deskilling of Indian nurses in Singapore may negatively impact the healthcare system of India, which suffers from a shortage of healthcare professionals.

3.3. Memorandum of cooperation between India and Japan

India and Japan signed an MOC in 2017 to promote skill development through TITP. In addition, both governments signed another memorandum in 2018 to deepen healthcare cooperation. In the first MOC, organisations sending TITP trainees from India that are approved by the Ministry of Skill Development and Entrepreneurship are required to cooperate on the follow-up surveys for returned trainees. This survey is carried out by the Ministry of Japan to obtain feedback from former TITP trainees on how the skills acquired in Japan are utilised in India.

The second MOC was made in line with Japan's Asia Health and Wellbeing Initiative. As the main areas of possible cooperation, this MOC includes some items related to the training of potential TITP trainees for LTC, such as establishing a Japanese language education centre, supporting sending organisations in providing pre-lectures on LTC through sending certificated care workers from Japan, etc.

3.4 Qualifications framework of India

India has been rapidly developing its PFQ in recent years. India used to have two different PFQs, but, in 2013, they were unified into the National Skills Qualifications Framework (NSQF). It has an outcome-based, rather than input-based, assessment system, so the skills acquired informally can also be recognised. NSQF consists of 10 levels, with 1 representing the lowest level and 10 the highest. India's skill-assessment system, however, still needs improvement with regard to the quality and standards of assessors, and funding to the organisations in charge of assessment (British Council and ILO, 2014). India has been working to align its PQF with the EU and other countries (Ministry of Finance Department of Economic Affairs, 2013).

4. Comparison of Vocational Skills Qualifications Framework

We compared vocational qualifications frameworks (VQFs) amongst Japan, the Philippines, and India. Materials for comparative study are readily available online. Skills acquired both from school and vocational education are integrated into the VQFs of all three countries. As for the grading of LTC-associated professionals, Certified Care Worker of Japan is positioned at level 4 of the seven-grade career grade system of care work. In the Philippines, Advanced Professional Nursing is positioned at level 6 and Care Giver and Health Care Services are placed at level 2 of

the Philippine PQF, which has an eight-grade system. In India's 10-grade NSQF system, bachelor-level professionals including nurses are positioned at level 7, with master's levels at level 8, while Geriatric Aide is positioned at level 5 and General Duty Assistant is ranked at level 4.

Every country targeted in this study has an articulated qualifications framework that determines the competency level based on the assessment of vocational skills, and the modules and curricula of vocational training are developed in accordance with each level's expected outcomes. International migration, however, creates many mismatches between the level in the worker-sending countries and the job descriptions of destination countries. This study discussed how and why such mismatches arose by desk research.

5. Integration of School Education and Vocational Education into a VQF

There is a movement to develop VQFs in many countries around the world. It aims to integrate school and vocational education, which previously had been separately supervised. VQFs can be used as a good benchmark of recurrent education which is getting more encouraged in response to increasing social demand to improve the knowledge and skills of any professionals in accordance with the rapidly advancing technological innovation. Higher education, however, has not been well integrated into qualifications frameworks because of the following reasons.

Higher education is supposed to pursue truth scientifically. Institutions of higher education are usually keen to promote mutual credit recognition, sandwich programmes, double degrees, and mutual certifications with other higher institutions domestically and internationally; by contrast, vocational education has been developed uniquely under the socio-cultural, political, and economic background of each country, so international standardisation has not been required. Only after the international community realised the need to regulate the movement of the labour force and secure the quality of migrant workers was the necessity of qualifications frameworks recognised.

Even if higher education is not well integrated into qualifications frameworks, it is crucial to discuss what kinds of fields are associated with each category of vocational knowledge and skills because this can provide the theoretical background that is essential for qualifications frameworks. In the case of LTC, the related fields of higher education have not been well recognised. Without the backbone of scientific evidence, LTC would never be recognised as an

established field of business, nor an occupation category, and the problem of deskilling would never be cleared up.

The scientific fields of geriatrics and gerontology are closely related to LTC. The term 'geriatrics' is used referring to medical science specialised for older people, whilst 'gerontology' covers a wide range of science related to older people from natural science to the humanities and social sciences. The findings of these academic fields are meant to contribute to the development of LTC-related qualifications frameworks so that LTC can be recognised as an established occupational category required for systematic vocational training.

The authors of this report organised a workshop that was designed for the promotion of dialogue between higher education and vocational training, as a part of the activities of this study. Experts both of geriatrics and gerontology as well as training institutions of LTCWs were invited, and they exchanged information and discussed how vocational education of LTC can be improved. The presentation materials of this workshop are attached with this report as Appendices 3–7.

6. Conceptual Framework of Long-term Care Workforce

As mentioned in the previous section, the concept and practice of LTC has not necessarily been established in some countries, and many kinds of workers, professionals, and experts are involved with LTC practice. To understand the realities of the LTC workforce and to categorise the people and professions involved with its practice, we developed a conceptual framework (Figure 2.1).

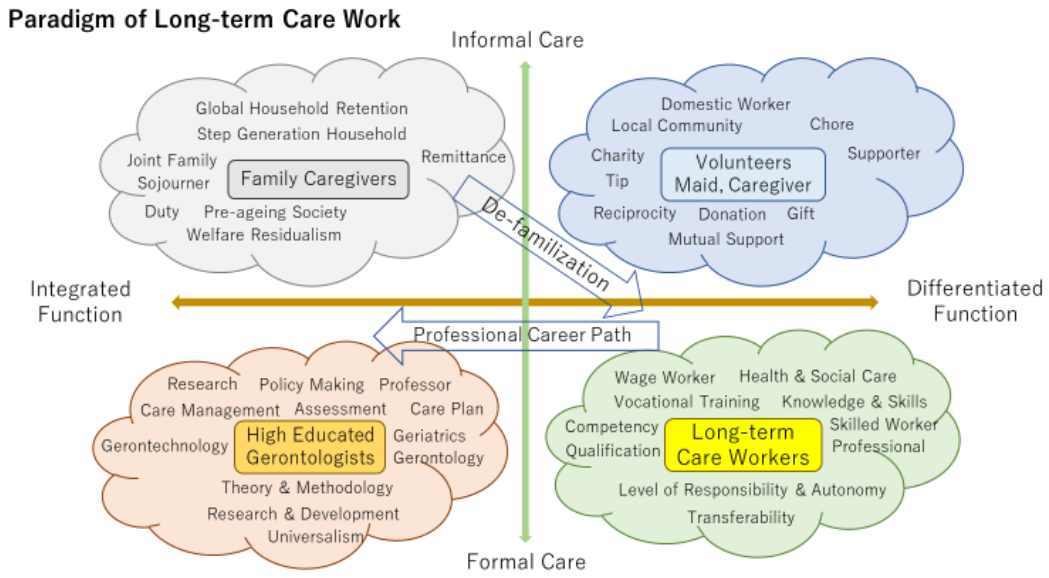
The vertical axis is 'informal care' or 'formal care'. In traditional societies, particularly those that still have the strong virtue of filial piety, LTC relies on family caregivers including extended family members, which can be interpreted as informal caregivers, while most countries which have aged population have developed the certification system of LTCWs and the cost for LTC is covered by formal market system including tax revenue or insurance. The latter type of care can be recognised as 'formal care'.

The horizontal axis is specialisation of LTC work, which has been taking place because more people work outside the home and family size shrinks due to urbanisation and demographic transition. In such societies, caregiving by family members cannot be sustained. As a result, care

work has been externalised to the labour market. For example, family-employed domestic workers are usually supposed to support household chores for busy family members, but many domestic workers are specialised in LTC for older people. This phenomenon can be interpreted as 'specialisation' of domestic workers in LTC.

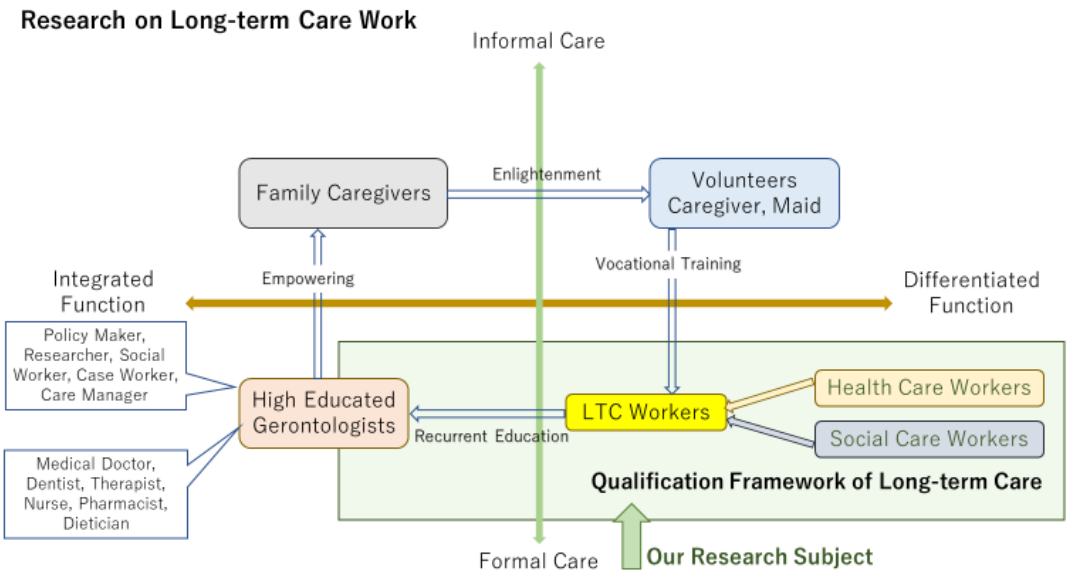
If more people are engaging in LTC-specialised jobs, the formal and official system of LTC also develops. In the case of Japan, the concept of LTC or *kaigo* has already been recognised by the public, and it is differentiated from nursing. As the concept of LTC develops, LTC attracts more attention of academia and scientists are getting more involved with applied research. As shown in the bottom left quadrant of Figure 2.1, academia and/or policy makers related to LTC contribute to the development of the basic concept, though they are not necessarily specialised in it. Using this kind of conceptual framework, a potential qualifications framework can also be understood as shown in Figure 2.2. The qualifications frameworks which are developed based on the conceptual framework of the LTC workforce can contribute to the establishment of career path of LTCWs through encouraging their self-promotion in hierarchical promotion system from lower to higher grade.

Figure 2.1. Conceptual Framework of LTC Workforce



LTC = long-term care.
Source: Author's original for this report.

Figure 2.2. Qualifications Framework of LTC workforce

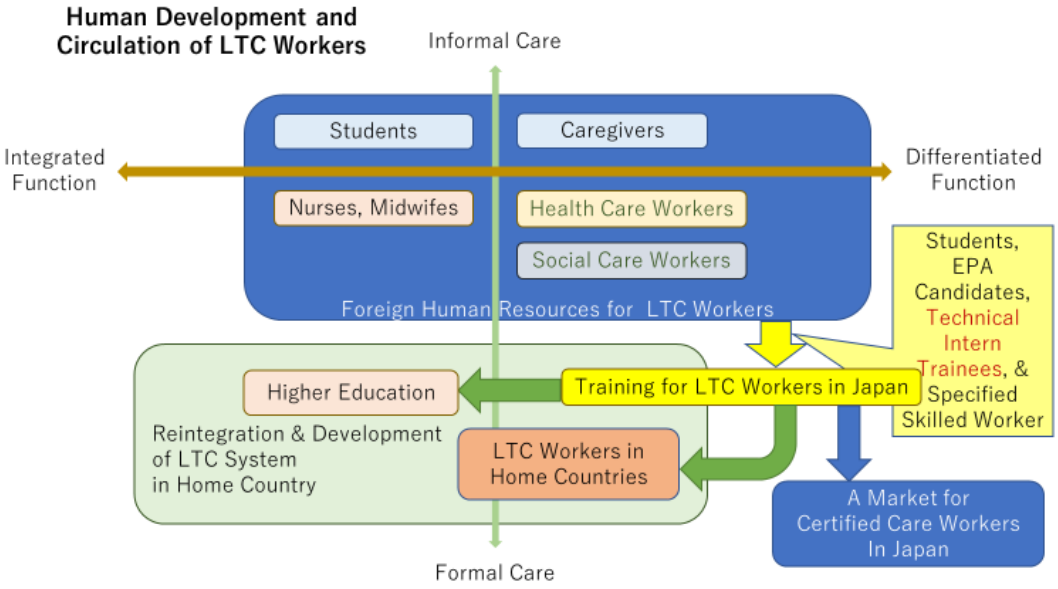


LTC = long-term care.
Source: Author's original for this report.

LTCWs, however, may be ranked differently in PQFs from country to country. Such inconsistency may hinder the optimisation of LTC human resources in international migration of LTCWs and may create deskilling, for example, deskilling of cross-border nurses from India as shown in the previous section.

In the case of Japan, the concept of *kaigo* is consistent with the one of the World Health Organization on long-term care. Japan has a nationally standardised certification system of care workers and certified care workers that is clearly distinguished from the nurse qualification system, with Care Worker not categorised as a healthcare worker but as a social worker. Nevertheless, in countries that do not have established qualification system of care workers, they are often considered as unskilled workers and placed at lower level of the grading system. This is the reason why inconsistency of the grading levels of LTCWs in PQFs emerges. Using the conceptual framework, we can analyse the actual characteristics of the people who are called LTCWs but have a different background of education and vocational training from country to country, and find the right grading levels that are consistent with their actual skills and knowledge. Such analysis can contribute to the cross-border harmonisation of PQFs for the LTC workforce.

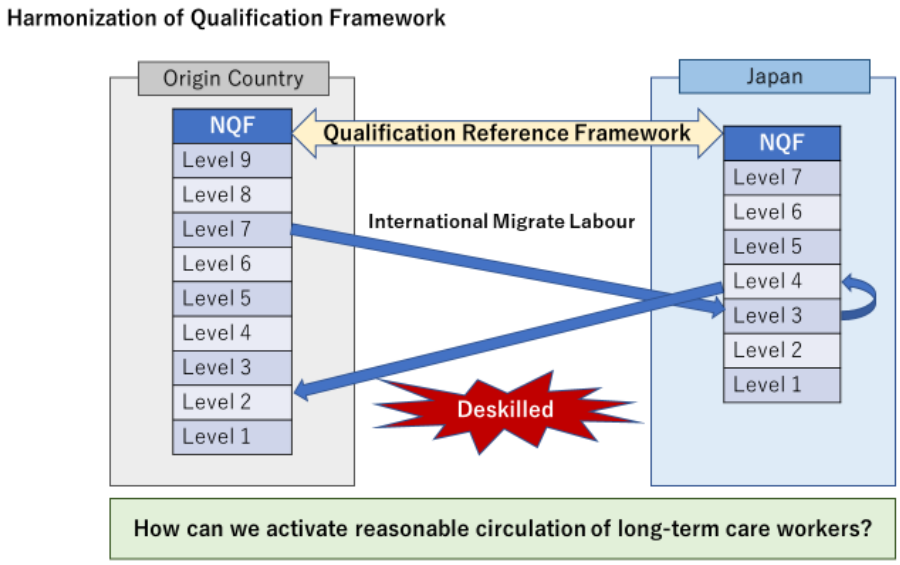
Figure 2.3. Cross-border LTCWs to Japan in the Conceptual Framework



EPA = Economic Partnership Agreement, LTC = long-term care.
Source: Author's original for this report.

Figure 2.3 shows where cross-border LTCWs working in Japan are placed in the LTC workforce conceptual framework. Most countries that create cross-border LTCWs have not established a grading system and LTC services are mainly provided by informal caregivers, including family caregivers. Because of that, potential cross-border LTCWs to Japan need to be trained systematically so that they acquire enough knowledge and skills to work there as LTCWs. As discussed in the first section of this chapter, they have the chances to renew their work permit of Japan indefinitely, but not all cross-border LTCWs to Japan are successful in that; even if they are, many of them hope to return to their home countries. Promoting reintegration programmes for them and the development of an LTC system in their home countries are crucially important to utilise their knowledge and skills.

Figure 2.4. A Risk of Deskilling in Training and Circulation Process of LTC Workforce



NQF = national qualifications framework.
Source: Author's original for this report.

Underdevelopment of LTC systems in the countries which create cross-border LTCWs creates deskilling, as shown in Figure 2.4. For example, Japan accepts cross-border LTCWs from Indonesia, the Philippines, and Viet Nam as caregiver-candidates under the EPA programmes; most such EPA CCW-caregivers have nursing qualifications in their home countries. Particularly in the case of Viet Nam, one of the requirements of EPA CCW-candidates is the completion of nursing education. Nurses are usually positioned at a higher level in PQFs, but care workers are not. Even if cross-border LTCWs who have nursing backgrounds acquire substantial knowledge and care work skills during their stay in other countries, such experiences are not well recognised in the PQFs of their home countries because care work is not considered a job requiring advanced knowledge and skills.

6.1. Comparison of PQFs between Japan and the Philippines

We made comparative studies on PQFs related to LTC workforce between India and Japan, and between Japan and the Philippines. The Philippine qualification framework (PHLQF) consists of eight grades. For each competency-grading level, PHLQF takes into the account the three units of 'basic competencies', 'common competencies', and 'core competencies'. Assessment criteria

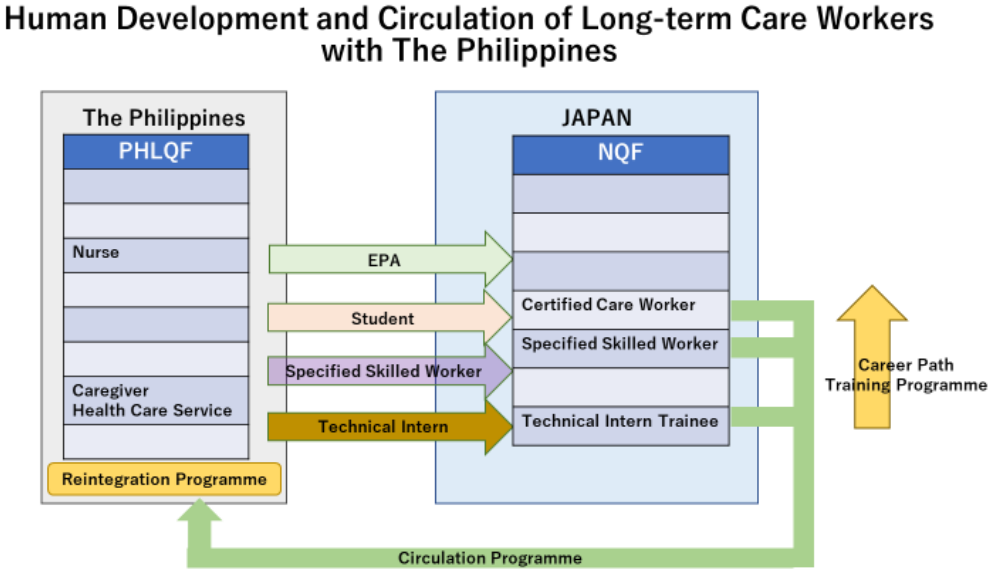
are developed in line with these three units. Registered nurses are positioned at Level 6, which is third highest in PHLQF, while 'caregiver' and 'health care services' are positioned at a much lower level: Level 2 (Figure 2.5). 'Caregiver' here covers any job taking care of somebody including babies, while 'health care services' means the jobs like nursing assistants and other attendants working in hospitals and facilities. Both jobs overlap with the work of care workers in Japan, but their knowledge and skills are not well recognised in the PHLQF, considering its low grading level.

Ideally, the requirements for the application of each pathway[1] for cross-border LTCWs to Japan should be consistent with the grading level in PQFs. Unfortunately, ideal PQF levels are not clearly designated in the requirements for the applicants of each pathway that are shown by the Japanese government. In the case of the EPA CCW-candidates program, the minimum requirement is just the bachelor's degree in whatever they specialise in (in the case of subjects other than nursing, applicants need to have the certification of care work by TESDA), while the requirements for TITP trainees for LTC are not limited to a bachelor's degree, but a 1-year working experience at LTC facilities is also taken into account. Such a discordance of PQF levels within the requirements of same programme can confuse the potential cross-border LTCWs and may undermine the optimisation, as well as smooth circulation of human resources.

TITP trainees of LTC are supposed to start their training from Level 1 in Japan's PQF of LTCWs, which consists of seven grades, and are expected to improve to Level 3 in 3 years (Figure 2.5). The goal of EPA candidates and the applicants of residential status, 'Care Work' is the national certification of care worker, which is placed at Level 4 in Japan's qualifications framework for LTCWs. The PHLQF, however, does not have the equivalent positions for them as skilled care workers who have extensive expertise.

[1] Details of each pathway are provided in section 3.2.1.

Figure 2.5. Comparison of PQFs of LTCWs between the Philippines and Japan

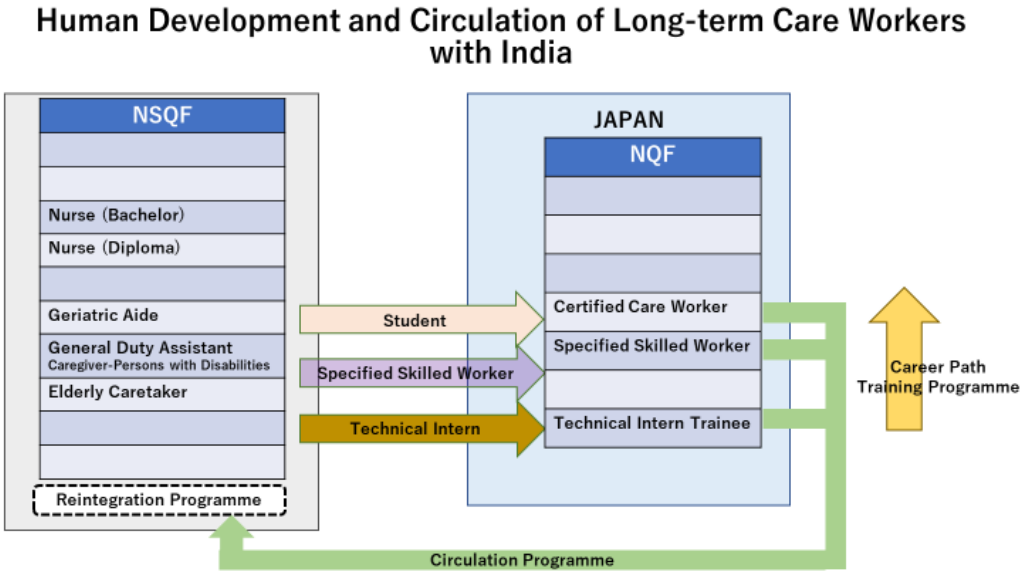


EPA = Economic Partnership Agreement, LCTW = long-term care worker, NQF = national qualifications framework, PHLQF = Philippines qualification framework.

Source: Author's original for this report.

6.2. Comparison of PQFs between India and Japan

Figure 2.6. Comparison of PQFs of LTCWs between India and Japan



NQF = national qualifications framework, NSQF = national skills qualifications framework, PQF = professional qualification framework.
Source: Author's original for this report.

In India's 10-grade NSQF, nurses with a bachelor's degree are placed at the third-highest level (Level 8), nurses with a diploma at Level 7, while 'elderly caretaker' is placed at Level 3, and 'caregiver for persons with disabilities' at Level 4.[2] The latter two occupational categories fall in the category 'domestic workers sector'. Two more job categories related to long-term care which fall in the healthcare services can be found amongst the job categories in India's NSQF: 'general duty assistant' (Level 4) and 'geriatric aide' (Level 4).[3]

As mentioned in section 2.3.3, India and Japan signed two memoranda of cooperation in 2017 and 2018. Promotion of the circulation of LTC workforce is part of this initiative. Nevertheless,

[2] According to the Domestic Workers Sector Skill Council, this job category was renamed into 'Supervisor (Day Care/ PWD/ Old Age Home)' and upgraded into Level 5 in 2021 (Domestic Workers Sector Skill Council, 2021).

3 The job category of 'geriatric aide' used to be ranked at Level 5 but was downgraded in September 2020. This job category was considered equivalent to Japan's national certified caregivers by the Indian counterpart of Keishin Gakuen's pilot project to provide the training of care workers in India. This course was scheduled to be carried out in 2020 under this study but was suspended due to the COVID-19 outbreak.

India can provide only limited opportunities for the returned LTCWs from Japan because of the lack of reintegration programmes for them and underdevelopment of LTC industries.

The criteria of each NSQF level are described as learning outcomes of the following five domains: 1) process; 2) professional knowledge; 3) professional skill; 4) core skill; and 5) responsibility (Ministry of Finance Department of Economic Affairs, 2013). Language skills and communication skills, specifically writing skills, reading skills, and oral communication, are mentioned in the 'core skill' domain of NSQF, while Japan's PQF of LTCWs does not have the domain describing language skills. It is encouraged to incorporate language elements in Japan's PQF so that potential cross-border LTCWs can clearly understand the required language proficiency levels.

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