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Recognising the Skills and Competencies of Non-EU Foreign Nationals: A Case Study of the Healthcare Sector in the Netherlands

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This article examines the institutional arrangements, practices and outcomes related to the recognition of skills, knowledge and competencies (SKC) of non-EU foreign nationals in the Netherlands (commonly referred to as Third Country Nationals (TCNs)) with specific reference to the Dutch healthcare sector. Although the national infrastructure for foreign recognition of educational and professional qualifications is well-developed by international standards, the system has a number of flaws as interviews with TCNs and experts in the field reveal. TCNs often discover that their qualifications are not considered equivalent to the relevant Dutch qualifications. Given the limitations of formally recognising the educational qualifications or work experience of TCNs, Dutch policies have supported other measures, including the accreditation and recognition of prior learning (RPL). However, expert interviews show that it remains a challenge to commit education providers and employers actually to validate these learning experiences. We consider various implications for policy-making and theory from this research.

Keywords: Recognition, validation, foreign skills, foreign qualifications, prior learning, healthcare sector.

Introduction

The Netherlands aspires to gain a competitive edge in the global knowledge economy. However, like most European societies, it faces demographic challenges. In 2040, it is expected that for every two working persons (aged 15–64), there will be one of retirement age (aged 65 or older) (CBS, 2014). For these reasons, it is essential that the skills, knowledge and competencies (SKC) of all workers in the Netherlands, including migrants, are fully used (Pijpers *et al.*, 2015). In 2012, the working age population in the Netherlands included approximately 277,000 Third Country Nationals (TCNs) who are legally residing in the country (CBS, 2014). Of the TCNs residing in the Netherlands, 51 per cent are aged fifteen to thirty-four, 35 per cent of them are aged thirty-five to forty-nine and 13 per cent

of them are aged fifty to sixty-five. Lower secondary education, i.e up to minimum school-leaving age, is the highest attained education level for 59 per cent of the TCNs aged fifteen to sixty-five in the Netherlands, for 23 per cent of them intermediate education and for 18 per cent of them tertiary education.

TCNs are at a disadvantage, as they face various barriers to entering the labour market, such as inadequate work experience, low proficiency in the language of the host country, difficulties in having the education and skills acquired in the country of origin recognised and a lack of useful social relations and references. Whether or not these disadvantages are overcome is partly a matter of political choices. Migration policies have been, and will be, a way of meeting labour demand. Current and past experiences may be helpful in developing a longer-term perspective, intended not only to ensure that population flows respond to labour shortages, but also to give TCNs more opportunities for their own as well as society's sake. Managing migration requires considering all the necessary actions that could enhance social cohesion and rights, and economic competitiveness. The primary concern centres on the necessity of enhancing the long-term employability of TCNs and giving them a chance of professional retraining through skills evaluation (Zanfrini, 2015).

The Netherlands is an interesting case to consider as its national infrastructure for the recognition of foreign educational and professional qualifications is well-developed by international standards. However, the system has several flaws, which are experienced by TCN workers and are acknowledged by experts in the field. TCNs who are in the process of obtaining recognition of their qualifications often discover that their qualifications are not recognised in the Netherlands. Where compliance with the legal system for formal diploma and qualification recognition is a problem, methods for the recognition of prior learning (RPL) may be useful. These methods consider both informal as well as non-formal learning. Informal learning results from daily activities related to work, family or leisure. It is not organised, mostly unintentional from the learner's perspective (Cedefop, 2008) and often referred to as 'experience'. Non-formal learning is learning that is embedded in planned activities not explicitly designated as learning (in terms of learning objectives, learning time or learning support). It is also unintentional from the learner's point of view (Cedefop, 2008 in Patrick, 2010). RPL is an important alternative route to gaining access to the labour market. In the Netherlands, the system of RPL pays due attention to the validation of informal learning. Despite this, a key challenge identified by experts is the commitment of educational institutes and employers to validate these learning experiences (Pijpers *et al.,* 2015).

This article is based on the results of a Dutch study (Pijpers *et al.,* 2015), which was part of a broader project involving ten EU countries. One of the activities that the project focused on was directed towards filling the knowledge gap about recognition of TCNs' SKC and practices for managing diversity (Zanfrini, 2015). This article examines the institutional arrangements, practices and outcomes regarding the recognition of SKC of TCNs in the Netherlands with specific reference to the Dutch healthcare sector (Pijpers *et al*., 2015).

Unintentional systemic disadvantages for TCNs

Zanfrini (2015) argues that European societies attempt to bind two contradictory concepts together: the 'economistic' philosophy, which regulates the systems of entry and stay of

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migrants and the 'human rights-based' philosophy of solidarity and equal opportunities. On the one hand, the European countries' approach to migration management is characterised by an emphasis on the labour market dimension, which is pivotal to the social acceptance of TCNs. This nurtures the idea of complementarity between native and migrant workers, which favours the concentration of migrants in low-skilled and low-status jobs. At the same time, European countries, consistent with their historical focus on human rights, have formally extended a wide array of protective measures, rights and opportunities to migrant workers, protecting them by strong anti-discrimination rules. Despite these policies of inclusion, however, immigrants remain over-represented among the unemployed and in marginal and precarious forms of work. Institutional and policy analyses have shown 'what is not working' in the policies of inclusion, revealing the ambivalence with which European societies tackle questions of inequalities, as well as the counter-productive effects often generated by policies designed to promote greater social equality (Zanfrini, 2011).

One such effect is the often unintentional impact of discriminatory processes which arise from the 'normal' functioning of institutions. These effects, of course, are not limited to Europe. In the global health care sector, the occasional 'peaks' in the demand for nurses and other specialised medical staff can lead to brain and skills drains in some sending societies (Pang *et al.*, 2002). Within the theoretical framework of the 'post-assimilationist' approaches (Alba and Nee, 1997; Brubaker, 2001), researchers' attention has moved from the individual and household level to the architecture and functioning of the main social institutions reproducing social inequalities. One crucial issue in this regard is the possibility of acceding to and assessing formal and informal learning, according to the philosophy of individual empowerment and activation. Practically every institutional system embodies, often unknowingly, cultural practices and models, consequently producing phenomena of cultural discrimination (Bommes, 2008). These are transformed into systemic disadvantages for migrants. This problem has been addressed by a variety of laws and measures, which are not always equally effective, and which have, at times, actually resulted in perpetuating the segregation of TCNs (Zanfrini, 2015).

Case description

The adequate validation of foreign credentials of TCNs is of vital importance to the Dutch economy, a small, open economy that is highly dependent on international trade and the presence of international companies. The healthcare sector was chosen for the study since it will become increasingly dependent on the recruitment of foreign staff for three reasons: (1) it will become more difficult to fill vacancies locally, given the ageing population and resultant shrinkage in the labour force; (2) as the population becomes ever-more culturally diverse, this will lead to a higher demand for foreign healthcare workers, who are said to be better suited than natives to cater to the specific needs of these clients; and (3) budgetary pressures in the healthcare sector are likely to increase with population ageing and technological advances, which will reduce the job attractiveness of many occupations in the sector, increasing vacancies, leading to recruitment of foreign staff willing to accept conditions that are unacceptable for natives (Pijpers *et al.*, 2015).

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Methodology

The research question regarding the recognition of SKC was answered by desk research, collecting statistical data from various official sources and analysing the mandates and websites of relevant actors and institutions shaping the SKC recognition systems in the Dutch healthcare sector. The experience of SKC recognition practices and their implications for TCNs and those involved in assessing them were studied through an iterative process of desk research and direct interaction with the designers, implementers and users of the system. In total, we conducted thirty-three semi-structured-in-depth interviews of 1 to 1.5 hours with sixteen SKC experts affiliated with relevant institutions, three TCNs and fourteen representatives of eight health care organisations (human resource management advisors and managers, diversity expertsand team leaders). Research participants were found by using the snowballing method and via internet searches. Interviewees provided numerous referrals of other relevant experts and TCNs to be consulted. The qualitative data were audio-recorded, transcribed and analysed using techniques of content analysis. The primary data collected through the desk research and interviews were contextualised by linking them to the findings of published research and the findings of the authors' own analysis of quantitative secondary data.

Results

National framework for foreign credential recognition

In terms of international comparison, the Netherlands has a well-developed national legal infrastructure for the recognition of foreign credentials. In the last two decades, policies in this area have been geared towards the development and evaluation of supporting measures alongside formal recognition, with much emphasis on the recognition of prior learning since the launch of the Dutch Knowledge Centre APL. This centre has raised awareness of the possibilities for accreditation and recognition based on prior learning and stimulated the use of available tools.

Recognition of foreign diplomas

The national infrastructure for foreign diploma recognition in the Netherlands is well-developed. There is a distinction between recognition of foreign education diplomas and foreign professional qualifications, for both of which distinct procedures apply and different institutions are in charge. For the recognition of foreign education diplomas, two centres of expertise are in charge at the national level, with the level of the education diploma determining the responsible competent authority. The Foundation for Cooperation on Vocational Education, Training and the Labour Market (SBB) handles credential evaluation requests for diplomas of senior secondary vocational education including adult education, and preparatory secondary vocational education. The expertise and service centre for internationalisation in Dutch education (EP-NUFFIC) handles foreign diploma evaluations of higher education (research universities and universities of applied science) and general secondary level education. These authorities collaborate in the Information Centre of Expertise for International Credential Evaluation (ICDW), which operates as a common central desk for all applications and information requests for the Netherlands. Following recognition of foreign education diplomas, the recognition

of professional qualifications obtained abroad is often a requirement for TCNs to be able to practise their profession in the Netherlands. Many professions are regulated; within the healthcare sector, these include medicine and nursing. This implies that TCNs can only practise in the Netherlands after obtaining permission from the relevant competent authority. There is a large number of competent authorities depending on industry sector and occupation, each applying its own set of criteria for recognition that often vary by the TCN's region of origin and occupational group. For diplomas obtained in countries from within the EEA and Switzerland, European Directives 2005/36/EC and 2013/55/EU are binding (European Commission, 2005; European Parliament and Council, 2013), which greatly facilitates recognition. However, this does not apply to most TCNs. EP-NUFFIC operates the National Assistance Centre (AC) for Professional Recognition for the Netherlands, helping candidates to navigate their way to the relevant authority. The AC provides personal advice to candidates about applicable procedures and the right authority to be contacted; it also provides comprehensive information on professional recognition on its website.

Since 1997, the BIG law (Law on the healthcare professions) regulates access of foreign diploma holders to the Dutch labour market in a large number of occupations in this sector. Foreign diploma holders must have their diploma evaluated by the Dutch Ministry of Health, with Welfare and Sport administered by the government agency CIBG. The BIG law distinguishes between occupations with protected titles (article 3 occupations, e.g. pharmacist, medical doctor, dentist, nurse) and occupations with protected educational entry diplomas (articles 34 and 36a occupations, e.g. dietician, occupational therapist, oral hygienist, orthoptist). In non-regulated occupations, no labour market restrictions apply, but these are the minority in this sector. A national, publicly accessible on-line BIG register provides basic details for all care providers in the regulated occupations. Registration is mandatory once the Ministry has granted entry to these occupations.

Three distinct recognition procedures exist for foreign professionals wanting to work in regulated occupations in the Dutch healthcare sector. These are: (1) automatic recognition of qualifications; (2) a procedure for recognising professional qualifications; and (3) a procedure leading to a certificate of competency. Procedures 1 and 2 are only relevant for recognition of foreign diplomas obtained in another EEA country or Switzerland (see European Commission, 2005), so we focus on procedure 3 that is applicable to the large majority of TCNs who obtained their diplomas elsewhere. For this group, the European directive facilitating recognition is not applicable, so the candidate needs to prove his or her competence to practise a specific occupation in the Netherlands by means of a portfolio and passing a written examination. The portfolio will typically include certified copies of diplomas, proofs of other completed education and training programmes and acquired professional experience and a CV. There are two tests to be passed in the assessment procedure: (1) the general knowledge and skills test (AKV) mandatory for all regulated occupations assessing if the candidate possesses the general knowledge and skills necessary to practise the occupation in the Dutch healthcare sector, including Dutch and English language tests; and (2) the test of professional knowledge (BI) required by doctors, dentists and nurses with assessment on the basis of his/her portfolio. Specialised committees of experts perform this assessment and decide if the professional qualification of the candidate is equivalent, nearly equivalent or not equivalent to the respective Dutch qualification required for practising the profession. In

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the case of equivalence, the candidate may start practising the profession; in the case of near equivalency, the candidate is required to complete additional education and/or training, the latter often in the form of trial work periods under supervision. The AKV test should be passed before the BI test (CBGV, 2011).

Shortcomings

Although the Netherlands has a well-developed national legal infrastructure for foreign skills recognition in general as well as in the healthcare sector, the system has a number of flaws as evidenced by the experiences of TCNs and as acknowledged by experts in the field. TCNs often discover that their foreign qualifications are, in the end, not considered to be equivalent to the corresponding Dutch qualifications. This is a frustrating experience, especially for TCNs who have substantial work experience in the field in their country of origin.

Recognition procedures are complex and often poorly understood by TCNs and their potential employers. Even with extensive knowledge about relevant competent authorities and procedures for recognition, TCNs find it difficult to obtain all the relevant information about recognition options, pathways and alternatives. This is unfortunate, as these first entry points into the labour market are of crucial importance to migrants in their pathway towards recognition. Receiving comprehensive and well-targeted information early on in the process is vital.

Reflecting the importance of quality assurance in the healthcare sector, it is striking that the great majority of TCNs with qualifications obtained outside the EEA fail to have their foreign qualifications recognised in the Netherlands, with a high dropout rate in the process and a high failure rate in both AKV and BI tests (CBGV, 2011). It is possible that there may be tensions here between the economic rationale for developing a more highly skilled migrant workforce and the implementation of equal opportunities policies (Zanfrini, 2015). One issue of concern relates to the fact that candidates need to demonstrate a certain level of Dutch and English language proficiency to pass the AKV test before they can proceed to the BI test. One might ask if this language proficiency is really necessary to function in all these regulated professions. Another issue that might inhibit TCNs, in particular refugees, from having their qualifications recognised is the high cost of these tests, ranging from a few hundred euros for the AKV test to more than 1,000 euros for the BI test of doctors and dentists. Added to the expense of the required language training for the tests, this amounts to a considerable investment that not all candidates can make and may be viewed as a manifestation of the systemic disadvantage that TCNs experience.

Recognition of prior learning

In situations where recognition of formal competencies is not an option, the recognition of prior learning (RPL) can provide a means for TCNs to have their work experience, knowledge and competencies recognised and certified. In the case of the Netherlands, the RPL infrastructure has been significantly developed over the past two decades; in particular, since the launch of the Dutch Knowledge Centre APL that has promoted development-related tools and the acceptance of RPL among education providers and employers (Kenniscentrum EVC, 2017). In essence, the RPL procedure enables TCNs

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Table 1 Steps of an RPL-procedure

Step	Recogniser
0. Precondition: identification of career goals and finding the right RPL-provider	Candidate (self-assessment)
1. Documenting experiences and comparing to relevant national competency framework (Prior Learning Profile)	Candidate Coach (offered by recognised RPL-provider)
2. Assessment and recognition by experts (Experience Certificate)	Field expert/assessor (offered by recognised RPL-provider)
3. Accreditation (capitalising on Experience Certificate)	Employer or exam committee

Source: Pijpers *et al.* (2015), Table 2.6: 51.

to obtain an Experience Certificate, which illustrates the assessment and recognition of certain competencies by one or more accredited practitioner and compares these to a nationally recognised competency standard. By means of this comparison, education providers and potential employers are able to gain a clearer understanding of the equivalency of the person's knowledge and skills to a recognised national standard level of vocational education (MBO) or higher education (HBO) required for a certain job. For TCNs, this RPL procedure offers a unique opportunity to benefit from the professionally relevant experiences gained before coming to the Netherlands. It empowers TCNs to get a stronger grip on their career through their increased awareness of their career goals, learning ambitions, skills set and confidence (Kaemingk, 2012). RPL can help document professional competencies acquired in workplace settings to satisfy increased qualifications standards in regulated sectors without requiring participation in formal education. The steps of an RPL-procedure are shown in Table 1.

Validation of prior learning

RPL only works if employers or examination committees of education providers (university, HBO, MBO) endorse RPL certificates and accept them as a relevant starting qualification for entering the labour market in certain professions. Despite notable advances that have been achieved with this method, the long-term sustainability of RPL is troubled by the lack of long-term commitment by education providers, employers and the government. As it is a costly initiative, the sustainability of RPL is largely dependent on the availability of government funding. Its value for some TCNs might be further reduced as the government only pays for participation if the individual is employed. Moreover, the method is not very flexible and not culturally sensitive, given its 'one-size-fits-all' approach, which may doubly disadvantage TCNs, some of whom may face other barriers to participation in the labour market, and it serves to reinforce how systems may work to their disadvantage. In the healthcare sector, the application of RPL procedures is especially complicated because of the strong emphasis on formal degrees and credentials. None of the healthcare organisations included in our case study has implemented RPL. However, we did find various interesting practices with respect to the management of cultural

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diversity in these organisations. Some of these practices contain elements that resemble the steps of an RPL procedure identified above. One of the care organisations, specialising in the provision of home and day care for older people with an immigrant background, hires TCNs who do not yet have formal credentials, but who possess language and cultural skills that are much appreciated by the organisation's clients.

> We have Dutch, Turkish, Moroccan-Arabic, Kosovar, Somali, Kurdish, Sudanese-Arabic, Azerbaijani Turkish, quite a number of languages. (Director of home and day care organisation)

These TCNs are teamed up with qualified carers to care for older clients in a culturally sensitive way. In the process of gaining practical work experience, the TCNs are enabled to obtain their credentials by enrolling in vocational education programmes. Some institutes for secondary vocational education offer special one-year tracks for immigrants who wish to become a health care professional but need to bridge a skills gap. Unfortunately, within these programmes, attention to prior learning is still in its infancy, although it does come up in teaching practice, i.e. as the subject of guest lectures, or in the interactions between teachers and students. In general, the management of cultural diversity within health care organisations is about smoothing over workplace tensions caused by cultural differences with respect to, for example, ways of dealing with conflicts and assumptions and understandings of organisational hierarchies.

Nevertheless, there are individual experts and team leaders in these organisations who care deeply about diversity and are working hard to raise awareness about the added value of employing TCNs. One of these advocates voices this added value as follows:

> I think the way in which people interpret research results. People look at those results from a perspective which resonates their background, their cultural background ... This leads to enormously rich ways of dealing with the data you are generating. (Manager R&D at pharmaceutical research company)

The practices and written statements initiated by these individuals implicitly call attention to RPL, but are often poorly backed by the organisations' management boards.

> The top of organisations need to be aware of the added value of a multicultural perspective. They need to make managers aware of this. When the managers are aware of this, the multicultural perspective will eventually reach the workplace as well. (Director of consultancy and training bureau for diversity)

Board commitment is jeopardised because of other priorities and budget cuts. Moreover, organisations hesitate to 'enlarge' the added value of cultural and language skills at the risk of downplaying professional skills.

> Yes, there was some positive discrimination involved. I assume they did think I was suitable for the job, but that this [the respondent's personal history as a refugee from Iran] provided me with some additional advantage. And then I heard back from people who thought this is 'not done' really, because now I'm selected on the basis of my ethnic background. This is apparently a very sensitive issue [in the organisation]. (Psychologist at organisation for mental health care).

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The quote above reveals the tensions between policy responses, which seek to recognise the specific experiences of TCNs, and the acceptability of their implementation within institutions, which may be ambivalent in tackling the inequality that they experience.

Policy implications

Various implications for policy-making emerge from our research on the Dutch healthcare sector. Gaining access to jobs in healthcare in the Netherlands remains difficult for TCNs. This is caused by a mix of problems affecting TCNs, which include flaws in the recognition system for foreign credentials and poor embedding of RPL within organisations. This article has shown that the flaws in the recognition system can have counterproductive effects. The time and cost involved in achieving recognition of medical, dental and nursing degrees discourages TCNs who might be considered capable of making relevant contributions to Dutch health care. To counter these effects, interventions could be developed to increase awareness of the added value of cultural diversity in organisations where many highly skilled health professionals are employed, such as hospitals. For example, TCNs aspiring to get their degrees recognised could be invited to join team discussions to contribute their perspective on illness, diagnosis and treatment. Offering a lower-cost recognition procedure could be an appropriate way to value these and other contributions. For unemployed migrants, funds could be provided to enrol in RPL programmes.

Further, we recommend investing in efforts to connect successful initiatives in the area of cultural diversity management more explicitly to RPL. This could be achieved if policy-makers, care organisations and institutes for vocational education continue to fund these initiatives (or invest in raising funds) in order to develop a local knowledge base of good practices and pitfalls, some of which could be imported from other places, and some of which could travel to other places. The RPL method could be improved by increasing the use of autobiographical screening and by developing competency profiles for sectors where intercultural learning and cultural diversity is important. Where the pitfalls of existing RPL procedures are a problem, alternative methods to validate informal learning experiences become relevant. To open up alternative pathways to recognition, it is recommended that an online tool is developed to help TCNs and employers obtain information about the various institutions, methods and tools available to them in the Netherlands that can help recognition of SKC. Due to the sheer heterogeneity of TCNs living in the Netherlands, in terms of nationality, education, skills, migration motive, years spent in the Netherlands, etc., it is recommended that this tool takes both the career ambitions of migrants and the needs of employers as its starting points.

Conclusion

The Netherlands offers various opportunities for TCN professionals but only on condition that they are willing and able to demonstrate SKC. The Netherlands has a well-developed national legal infrastructure for the recognition of credentials that are obtained abroad. However, the system has a number of flaws, as is experienced by TCN workers and is acknowledged by experts in the field. TCNs who are in the process of obtaining recognition of their qualifications often discover that their qualifications are not considered equivalent to the relevant Dutch qualifications. This can be a

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frustrating experience, especially for TCNs who have relevant work experience in their area of specialisation. Where compliance with the legal system for formal diploma and qualification recognition is a problem, alternative methods of RPL become relevant. RPL is a relevant alternative route for TCNs to gain access to the labour market in situations where they do not meet the requirements of the formal procedures for the recognition of foreign diplomas and qualifications. In the Netherlands, a well-developed system exists, within which due attention is paid to the validation of informal learning. A key challenge identified by experts is the commitment of educational institutes and employers to validate these learning experiences as part of broader initiatives to foster cultural diversity.

Within the theoretical framework of 'post-assimilationist' approaches (Alba and Nee, 1997; Brubaker, 2001 in Zanfrini, 2015), the results of this study show that major institutions in the Dutch healthcare sector might inadvertently reproduce social inequalities and that discriminatory phenomena might arise from the 'normal' functioning of the institutions. The results of our study illustrate that developing a national legal framework and system for the recognition of SKC is not sufficient to ease labour market access and progress for TCNs. Even though important initiatives have been taken by national authorities in harmonising international credential recognition, and even though Dutch policies regarding the recognition of informal and non-formal learning have been oriented to supporting measures alongside formal recognition, many TCN competencies remain unused in the Dutch healthcare sector. In the light of manifest labour shortages, this is a sector where successful and creative attempts have been made to include and retain TCNs. Due to the fact that this sector is traditionally strongly regulated, however, the impact of these attempts in the long term has been modest. Especially in the highly skilled medical professions, working around formal degrees by promoting language skills and alternative perspectives on health, sickness, death and bereavement has proven to be difficult. In the lower-skilled professions, prevailing barriers to legally employing TCNs might lead to an increase of privately paid migrant care workers, a segment of the Dutch labour market which is strikingly uncontrolled (Böcker *et al.*, 2017). The successes as well as the identified challenges regarding the recognition of SKC in the Netherlands contributes to our understanding of the actual impact of policies and initiatives, which can potentially both enrich the workforce in the healthcare sector and serve to enable TCNs to develop their full potential.

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