

PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY

Minimum Standards for the Education of Occupational Therapists – February 2009

The Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy reviewed “Minimum Standards for the Education of Occupational Therapists” developed in 1994. The revision was necessitated by developments in the profession, the publication of the “Revised Minimum Standards for the Education of Occupational Therapists by the World Federation of Occupational Therapy” in 2002 as well as changes within services delivery areas in South Africa.

The content of the Minimum Standards was based on the information contained in the documentation that was compiled by the Standards Generating Body (SGB) of the Professional Board and the SGB document was submitted to the South African Qualifications Authority (SAQA) in December 2006.

The process for the revision of the Minimum Standards commenced with a workshop held in December 2005. Work groups, which included stakeholders from identified constituencies, assisted with the revision of the Minimum Standards.

The Combined Education Committee meetings of 2006 and 2007 were used to workshop the content of the Minimum Standards. A workshop attended by the various stakeholders was held on 30 and 31 January 2008 with the aim to finalize the document. The formulation and compilation of the document was completed and presented at the Professional Board in November 2008. It was accepted and agreed that the document can be placed on the website of the Professional Board.

Education and training institutions are requested to use the revised Minimum Standards for the Education of Occupational Therapists to ensure that their education and training programmes are aligned to the revised Minimum Standards. Education and training institutions should use the revised Minimum Standards document when re-curriculation of occupational therapy education and training programmes are undertaken. Complying with the standards as described in the revised Minimum Standards will ensure that all education and training programmes comply with the “Minimum Standards for the Education of Occupational Therapists of the World Federation of Occupational Therapists”.

The revised document on “Minimum Standards for the Education of Occupational Therapists” will in future be used to evaluate education and training programmes. The content of the audit forms that will in future be used by evaluators appointed by the Professional Board for the evaluation of occupational therapy education and training programmes, will be based on the revised Minimum Standards document and will be used from 2012 to evaluate education and training programmes.

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THE MINIMUM STANDARDS FOR THE EDUCATION OF OCCUPATIONAL THERAPISTS

THE PURPOSE OF THE MINIMUM STANDARDS IS TO:

- Ensure that graduates are competent practitioners who are able to deliver contextually appropriate services within local and international contexts;
- Inform the basis of the development of curricula in terms of the minimum requirements for the training of occupational therapy students;
- Serve as both an internal and external quality control measure;
- Form the basis for accreditation of existing and new training programmes.

INTRODUCTION

Occupational therapy training aims to provide the graduate with in-depth knowledge and understanding of the relationship between engagement in occupation and health/wellness, as well as the effect that socio-political, environmental factors, physical/mental impairment and developmental delays have on occupational performance. This is done by identifying where occupational risk factors are present and focusing on the achievement and maintenance of health and wellness through advocacy for resources and creating opportunity for occupational engagement. Activity/occupation is the means of intervention in occupational therapy.

PHILOSOPHY AND PURPOSE OF THE PROGRAMME:

During the cycle of life from birth to death, humans become involved in a wide variety of occupations which are essential for their basic survival, maintenance of physical and mental health and quality of life. Illness and/or injury that result in temporary or permanent disability, may impact upon the individual's ability to perform their daily occupations.

Occupational Therapy is concerned with the quality of life that can be achieved from independent effort of individuals and groups to perform activities, fulfill life roles and take control of their lives in achieving optimal occupational performance.

The educational programme aims to produce entry-grade occupational therapists who are competent to develop and implement contextually and culturally relevant programmes that will facilitate occupational performance of individuals and groups whilst recovering from illness, disease and trauma as well as for development of potential due to deprivation and/or developmental delays. The entry-grade occupational therapist will assist people to take control of their lives to achieve health and wellness through optimal occupational performance and function as integrated members of society. Through partnerships with people with disabilities, the entry-grade occupational therapist will work towards an inclusive society through inter alia the removal of barriers. The educational programme will equip students to promote health and wellness of individuals and groups who are at risk of occupational dysfunction.

Occupational Therapy serves a diverse population in both an individual and in a group context and in a variety of settings.

1. **FUNDAMENTAL CHARACTERISTICS**

- 1.1 The educational objectives should reflect the philosophy and aims of the profession and be flexible enough to accommodate changes in our society and advances in knowledge about human occupation and occupational therapy.
- 1.2 The learning environment should be such that students will value the role of occupational therapy within a changing environment.
- 1.3 The graduates will accept the responsibility for and commitment to life-long learning.
- 1.4 The educational programme should provide opportunities for students to engage with issues of diversity and become culturally sensitive and address occupational injustice.
- 1.5 The programme content must be taught to students by lecturers who are appropriately qualified and have relevant experience in the subject content that make up the educational programme content.
- 1.6 The professional degree (minimum of 480 credits) requires a student to complete a minimum of four years of fulltime study.
- 1.7 Completion of the requirements for the degree programme allows the graduate to register as a Community Service Occupational Therapist with the Health Professions Council of South Africa (HPCSA), allowing them to undertake one year of compulsory community service before they can register as independent practitioners with the HPCSA.

2. **CORE THEORY CONTENT**

[Refer to Addendum A (points 1-3) for detail information pertaining to the Core Theory Content. 80% of the credits are allocated to the core content below, 20% of the credits can be added by the training center to any of the items 2.1 – 2.6 or any other theory content indicated in 2.7.]

- 2.1 Knowledge supporting an understanding of human body structures and functions (minimum of 10% of the credits of the educational programme).
- 2.2 Knowledge supporting an understanding of the human behaviour and social environment (minimum of 10% of the credits of the programme).
- 2.3 Knowledge supporting an understanding of disease, disorder and trauma (minimum of 10% of the credits of the programme).
- 2.4 Knowledge supporting an understanding of occupation and occupational therapy (minimum of 35% of the credits of the programme).
- 2.5 Knowledge understanding the theory of research and application of the research processes, principles and methods that promote meaningful occupational therapy research (minimum of 10% of the credits of the programme).
- 2.6 Knowledge supporting the understanding of Primary Health Care, Health Promotion and community/social development (minimum of 5% of the credits of the programme).

2.7 Knowledge supporting the understanding of the study of the physiological processes and anatomy of the human body with respect to movement (physics, kinesiology).

3. **CORE PRACTICE CONTENT (Refer to Addendum A – point 4)**

3.1 The records of students will reflect a range of different practice placements that require the students to integrate and apply knowledge, skills and attitudes over an appropriately diverse set of scenarios/circumstances.

3.2 The range of student experiences will always include:

3.2.1 people of different age, gender and cultural groups;

3.2.2 people who have either recently acquired or long-standing health needs;

3.2.3 interventions that focus on the person, occupation and environment;

3.2.4 people who are at risk of acquiring health problems that will negatively impact upon their ability to perform occupations;

3.2.5 exposure to individual, group/community and population approaches within settings where practical works takes place;

3.2.6 conditions that affect different aspects of body structure and function that cause different kinds of activity limitations;

3.2.7 placements at all levels of care in hospital and community settings, health and educational settings, urban and rural areas;

3.2.8 placements within preventative, promotive, curative, rehabilitative, habilitative and palliative programmes.

3.2.9 placements in areas where services are established and/or are being developed for people who are underemployed, disempowered, dispossessed or socially challenged that may benefit from occupational therapy.

3.3 First, second and third year students must do practice under direct supervision of a registered occupational therapist. Final year students may, in the absence of a registered occupational therapist, work under guidance of an appropriately qualified, registered health professional who has access to a registered occupational therapist who can assist in guiding the students in occupational therapy specific interventions.

3.4 All students must complete a minimum of 1000 hours of practice. Between 60-80% of these hours must be obtained in the third and fourth years of the four year programme. The record of the 1000 hours of practice must be documented and verified by the training center prior to obtaining the degree and registration with HPCSA.

4. **EXAMINATIONS**

Integration of the modules presented in the four years of the programme, must be evident in the performance of the students in the qualifying examination.

4.1 Obtaining a final mark of at least 50% for all the theory as specified in the curriculum presented by the training center over the four years of the programme, will lead to a qualification in occupational therapy.

The profession specific content (Occupational Therapy) must be evaluated by means of written paper(s) and practical examination(s) to demonstrate the students understanding of occupational therapy interventions.

- 4.2 Obtaining a final mark of at least 50% for the practice as specified in the curriculum presented by the training center over the four years of the programme will lead to a qualification in occupational therapy.
- 4.3 The year mark (class mark/semester mark) should form part of the final pass mark for every module/course. The weighting of the year mark (class mark/semester mark) to the examination mark must be educationally justifiable and comply with the assessment practices/policy as determined by the Educational Institution and current best practice. It is suggested that the year mark contribute at least 50% to the final mark. The marks obtained in the qualifying examination should contribute at least 40% to the pass mark in the final examination.
- 4.4 No candidate shall be considered to have passed the qualifying examination unless a mark of 50% has been obtained in the final year examination.
- 4.5 At least two examiners, one internal and one external examiner (from outside the institution), should participate in the evaluation of the qualifying examinations. The external examiner should not have participated in the instruction of the students who will be evaluated.
- 4.6 The prescribed examinations may be arranged at the discretion of the education authority, provided that the professional specific content is included in the final qualifying examinations.
- 4.7 No candidate shall be awarded the degree qualification in occupational therapy unless:
- He/she has completed a Bachelor Degree programme at NQF Exit Level 8 with a minimum total of 480 credits according to the Higher Education Qualifications Framework (HEQC) document dated 5 October 2007.
 - He/she has completed 1000 hours of practice.

5. ACCREDITATION OF A TRAINING PROGRAMME

- 5.1 The accreditation process for training programmes is under the jurisdiction of the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy.
- 5.2 The Professional Board will determine the format, relevant instruments and frequency of evaluation that leads to accreditation.
- 5.3 Evaluators are appointed by the Professional Board to do the evaluation of a training programme.
- 5.4 The evaluation process that may lead to accreditation of a training programme is based on the Minimum Standards for the Training of Occupational Therapy Students.
- 5.5 Accreditation of a training center is for a maximum period of 5 years.

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ADDENDUM A:

CORE THEORY CONTENT

1. **Knowledge supporting an understanding of human body structures and functions (minimum of 10% of the credits of the programme):**

1.2 As traditionally covered in Anatomy (at least 1 semester/6 months)

The course should be theoretical and practical and emphasis should be given to the musculo-skeletal, neurological, cardio-vascular and respiratory systems.

On completion of the course the student should be able to:

Recall correct nomenclature, identify important anatomical features and describe the characteristics, components and relationships of regional, surface, living and functional anatomical structures;

On completion of the module the student will be able to apply this knowledge to the study and application of related primary, clinical and professional subjects and clinical practice.

When possible, Anatomy should be planned and presented concurrently with Physiology.

1.3 As traditionally covered in Physiology (at least 1 semester/6 months)

The course should be theoretical and practical and emphasis should be given to the musculo-skeletal, neurological, cardio-vascular and respiratory systems.

On completion of the course the student should be able to:

Recall correct nomenclature and describe the characteristics and principles of bodily function, both as related to each system and with reference to the effect of each system on the whole body;

On completion of the module the student will be able to apply this knowledge to the study and understanding of health, disease and impairment.

When possible, Physiology should be planned and presented concurrently with Anatomy.

2. **Knowledge supporting an understanding of the human behaviour and social environment, social perspectives on health (minimum of 10% of the credits of the programme):**

2.1 Psychology (at least 2 semesters/6 months)

Recall and use information about mental processes, growth and development throughout life, personality, normal and abnormal behaviour, the principles of psychological assessment;

Relate psychological theory to the behaviour and problems of an individual, his state of health, personal and social history and functional abilities;

On completion of the module the student will be able to use acquired knowledge to achieve an understanding of mental health and the treatment of various psychosocial disorders.

2.2 Sociology (at least 1 semester/6 months)

On completion of the course the student should be able to describe the characteristics of a population, recall information about social influences and organisations, small groups, interpersonal and family relationships, and apply sociological principles in order to appreciate the composite life situation, history and circumstances of those whom occupational therapy serves.

OR

Anthropology (at least 1 semester/6 months)

To have an understanding of the various (including traditional western and African) perspectives of illness and wellness and what contributes to these as well as understanding various cultural attitudes to human occupation.

2.3 Human and Work Psychology/Industrial Psychology (at least 1 semester/6 months)

Appreciate the psychology of work, understand the importance of effective human relationships in the work situation and recall the psychological procedures which are applied in industry ergonomics;

On completion of the module the student will be able to apply this knowledge in occupational therapy work assessment, preparation and placement.

3. **Knowledge supporting an understanding of disease and trauma as traditionally covered in the following topics: (minimum of 10% of the credits of the programme):**

3.1 Anatomical pathology (at least 3 months)

3.2 Medicine (at least 1 semester/6 months)

Including internal medicine, neurology, paediatrics, geriatrics, rheumatology, community medicine, pathology.

3.3 Surgery (at least 1 semester/6 months)

Including general surgery, hand, plastic and neuro-surgery, ophthalmology, orthopaedics.

3.4 Psychiatry (at least 1 semester/6 months)

Including the conditions listed in a classification of mental disorders e.g. diagnostic and statistical manual of mental disorders or the international classification of diseases.

On completion of these aforementioned modules – 3.1 to 3.4 – students should be able to:

- Describe the aetiology and clinical picture of the conditions studied and recall the principles of prevention, diagnosis, general medical management and treatment, and the anticipated prognosis;
- Understand the specific relevant precautions applicable to the various conditions and how the application of occupational therapy interventions should take these into consideration.
- Apply this knowledge in the formulation of a functional diagnosis to recognise and assess physical and psychosocial dysfunction, and to plan and execute effective occupational therapy interventions for the different conditions;
- Evaluate and report to the health team on the individual's [././Local Settings/Temporary Internet Files/sbeuk/Local Settings/Temporary Internet Files/sbeuk/Local Settings/Temporary Internet Files/OLK6A/Minimum Standards 2007.htm - msocom_17](#) progress, and to contribute to the joint planning, implementation and termination of treatment.

4. Knowledge supporting an understanding of Occupation and Occupational Therapy (minimum of 35% of the credits of the programme):

4.1 The students will have the knowledge and skill to assess, intervene, evaluate and make recommendations within remedial programmes at all levels of service.

4.2 The students will have the knowledge and skill to assess, intervene, evaluate and make recommendations within the biopsychosocial, biomechanical, neuro-developmental and psycho-social frameworks and combinations thereof.

4.3 The students will have the knowledge and skill to assess, intervene, evaluate and make recommendations pertaining to occupational performance.

4.4 The outcomes for the five profession specific modules that have to be achieved over the course of the four years of the programme are:

4.4.1 The person-occupation-environment relationship and its relationship to health:

Knowledge of the Activities of Daily Living (personal management, work, leisure, play)

- Knowledge and skill to analyse, adapt and grade activities.
- Apply kinesiology principles to obtain optimal person-occupation-environment relationships.
- Select and teach activity skills and teach various activities.
- Differentiate between the occupational needs of individuals, groups and communities using appropriate processes, techniques, consultation, to prevent illness, dysfunction and disability.
- Have an understanding of human development and the different occupational skills and needs at each stage of development

- Understand the value and practically demonstrate the implementation of meaningful and purposeful engagement in occupations to promote health and prevent illness as the guiding principle.
- Apply methods to screen populations in order to identify individuals or groups experiencing occupational risk factors.
- Design and implement appropriate prevention and health promotion programmes to prevent occupational dysfunction and promote the concept of Activities Health for individuals, groups and communities.
- Explain the links between Health Promotion as stated in the Ottawa Charter and occupational therapy intervention that addresses occupational imbalance, injustice, deprivation and/or alienation.
- Identify when occupational imbalance, injustice, deprivation and alienation, resulting from economical, political and environmental factors, compromise the health and wellbeing of individuals, groups or communities and be able to design and implement appropriate programmes and interventions to overcome these.
- Describe the aetiology/pathology of disease and illness processes in terms of human structure, function and behaviour using a range of explanatory models (medical, social, occupational, developmental) and apply activities, tasks and occupations as a means for the achievement of health objectives in promotive, preventative, palliative, rehabilitative, curative and community development programmes.
- Apply the principles and adapt the methods that promote occupational engagement and competence across the life span.
- Demonstrate an awareness and sensitivity of the influence that diverse cultural and social contexts and systems have on occupational choice and behaviour.
- Advocate for change/adaptations to the environment, where necessary, to make the environment appropriate to the needs of people with disabilities.
- Apply specifically selected methods and techniques to optimize the occupational therapy interventions – perceptual testing (test mechanics), splinting, neuro-developmental techniques, occupational therapy groupwork, basic sensory integration techniques.

4.4.2 Therapeutic and professional relationships

- Define, describe and justify the role of the occupational therapist within various settings, within various types of teams, and at different levels of health care provision in relation to other health team role players.
- Display effective and efficient teamwork during interventions (includes co-operation, contributing, enabling, collaboration, liaising) and an understanding of the relevant ethical behaviours and professional code of conduct in terms of team members with acknowledgement of their roles in the team.
- Engage relevant role players as partners in the process of restoring occupational justice and occupational balance and refer clients to appropriate team members where intervention is beyond the scope of occupational therapy.

- Establish an interpersonal relationship with a patient/client.

4.4.3 An occupational therapy process

- Design and implement appropriate intervention programmes for occupationally dysfunctional individuals, groups and communities using appropriate models, theories, frames of reference, approaches, specialized techniques and treatment principles.
- Apply the steps of the occupational therapy process during interventions in relation to the situation...[././Local Settings/Temporary Internet Files/sbeuk/Local Settings/Temporary Internet Files/sbeuk/Local Settings/Temporary Internet Files/OLK6A/Minimum Standards 2007.htm - msocom 23](#)
- Adapt, based on the outcome of the interpretation, the specific content of the occupational therapy process, using innovative methods and techniques and appropriate professional behaviour so as to contribute effectively to such situations.
- Apply and modify education principles and methods in the exchange of information to meet the needs of individuals, groups and populations during occupational therapy interventions applicable to all age groups.
- Apply the occupational therapy process within different fields of practice, with all age groups, and in different sectors (health, education, welfare, labour and both in the public and private sectors) describing how the process “fits” into and is shaped by the context.

4.4.4 Professional reasoning and behaviour

- Justify and defend the decision to use direct and/or indirect service delivery procedures understanding the responsibilities inherent in both.
- Describe ethical approaches and identify ethical dilemmas.
- Display professional, ethical behaviour in all situations and ensure the behaviour is maintained throughout the four years of the training programme and carried into the post graduate development of the individual.
- Demonstrate competence in using appropriate educational practices and principles to plan and implement educational programmes related to human occupation and its link to health and wellness.
- Interpret complex, unfamiliar and ill-defined situations by using professional reasoning, against the framework of the role and scope, professional policies and principles of occupational therapy to determine the professional contribution and behaviour that would be appropriate in each setting and critically evaluate outcomes.
- Apply creativity in the construction or conceptualization of practical solutions, new conceptual frameworks and novel ideas to solve problems.
- Display creativity to deal with an appropriate combination of issues such as language, socio-economic, political, gender and/or cultural diversity in:
 - * adapting the occupational therapy process for individuals, groups and populations within the South African context.
 - * applying occupational therapy intervention programmes.
 - * establishing a person-occupation-environment relationship.

4.4.5 The context of professional practice

- Describe the historical, cultural, socio-political, economic and environmental factors that influence occupational choice and performance in all sectors of the South African population and which contribute to the meaningful and appropriate selection of activities/occupation in the occupational therapy process.
- Describe how to mediate with local, provincial and national authorities about the occupational risk factors evident in groups and communities.
- Explain a course of action for professional and/or ethical considerations based on the value and effect that legal documents have on the practice of the profession (e.g. the Constitution; the Bill of Rights; Employment Equity Act; National Health Act; Mental Health Act; Inclusive Education).
- Demonstrate knowledge of the legal and professional requirements, rights and responsibilities for independent practice as an occupational therapist in this country.
- Act as advocate for client's disability and human rights.
- Identify appropriate quantitative and qualitative research methodology for appropriate research question(s), prepare a research protocol and carry out research.
- Communicate the research in a written report.
- Demonstrate the ability to undertake self-study and research as needed to maintain and sustain the ability to function effectively as an occupational therapist and provide evidence of best practice.
- Integrate and implement managerial functions, namely planning; organizing; coordination; guiding and controlling as well as managerial skills, namely decision making; problem solving; motivating; delegation; communication and creative thinking.
- Guide Assistant categories of staff to perform effectively within their scope of practice (e.g. Occupational Therapy Assistant/Technician) as well as guidance of voluntary workers and community health workers in various practice settings.

6. **Guidelines available:**

Documents available from the Professional Board for Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy to guide the development of the curricula at training centers.

A Minimum Standards Workshop held on 30 & 31 January 2009 attended by representatives from all eight Occupational Therapy Training Institutions in South Africa generated the compilation of the information for the document.

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