

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

SUBMISSION OF A QUALIFICATION FOR REGISTRATION WITH SAQA

1. Title: Occupational Therapy
2. Field: Health Sciences and Social Services
3. Sub-field: Rehabilitative Services
4. NQF Level: 8
5. Credits: 480
6. Acceptable titles: First Professional Degree in Occupational Therapy
7. Purpose of Qualification:

To prepare students for a professional career as an occupational therapist.

The programme has a coherent core of basic, pre-clinical and clinical sciences knowledge and a comprehensive body of occupational specific knowledge which provides a viable platform for further studies and lifelong learning. The comprehensive body of occupational specific knowledge will enable development of the profession and areas/fields of the profession.

As such the programme shall:

7.1 Educate students who are:

- competent to develop and implement projects and programmes (preventative, promotive, curative, rehabilitative, habilitative and palliative) that will facilitate recovery from illness, disease and trauma causing impairment or adaptation/adjustment to chronic illness.
- who are competent to enable people with disabilities to take control of their lives to achieve optimal occupational performance and function as integrated members of society and/ or.
- able to promote health and wellness through programmes for people or communities who are at risk of illness or disability.

- 7.2. Provide the graduate with an in-depth knowledge and understanding of the effect human occupation has on health and wellness, as well as the effect of physical/mental impairment and development delays have on occupational performance. This is done by focusing on the achievement of health through occupation and being competent in identifying where occupational risk factors¹ and occupational injustice² are present.
- 7.3 Produce practitioners who demonstrate a sound understanding of relevant legislation, policy and procedures which impact upon the health and wellness of individuals, communities and populations. The actions taken by practitioners will result in proactive advocacy and mediation with regard to issues which impact negatively upon individuals with occupational dysfunction³.
- 7.4 Produce socially responsible, culturally sensitive and ethical compliant practitioners who are competent in developing and delivering relevant, high quality occupational therapy interventions within the South African health and welfare context in the first instance, but also in a global context.
- 7.5 Establish the foundation for life-long learning and culture for research as well as to provide the basis for practitioners to proceed to post-graduate studies.

8. Rationale for the Qualification:

- The main contribution of the profession for many years has been in the field of rehabilitation and patients were treated according to the medical model. The theory base of the profession was mainly taken from fields such as medicine, education, psychology.
- Since the early 1970's a body of occupational therapy knowledge has developed which has produced occupational therapy specific theory that has moved the field of practice beyond the previously limited scope that was centered around the more curative/illness focus of the medical model. Occupational therapy has now developed as an independent profession with a unique focus on human occupation and its effects upon the health and wellness of individuals. Although aspects of the medical model apply in certain areas of practice the current occupational therapy approach fits more appropriately into a social and developmental model of disability.

¹ Occupational risk factors such as:

- occupational deprivation
- occupational alienation
- occupational injustice

² Occupational injustice: People's occupational engagement is prevented by a set of external limitations on choices and/or opportunities.

Wilcock AA, Townsend E. (2000) Occupational terminology interactive dialogue. *Journal of Occupational Science*; 7(2): 84-86.

³ Occupational dysfunction: A temporary or permanent loss or change in occupations and occupational repertoire of an individual usually associated with illness and injury.

Watson R, Swartz L. (2004) *Transformation through occupation*. Whurr Publishers, London and Philadelphia.

- The core concern of the profession is the occupational performance of individuals, groups and populations within their environments in order to provide greater quality of life. Various occupational therapy models are available whereby the occupational performance of people can be restored, enhanced, improved, maintained and developed. This focus on occupation is unique to the profession.
- The aforementioned development has enabled the occupational therapy profession to now make contributions to the occupational performance of people within rehabilitative, curative, preventative and promotive programmes.
- Occupational therapy in South Africa today is guided by the imperatives within the National Rehabilitation Policy (2000)⁴ which spells out its policy of rehabilitation for all and *is informed by the principles of development, empowerment and the social integration of persons with disabilities*. In addition the white paper on *An Integrated National Disability Strategy (November 1997⁵)* acknowledges the inadequacy of the medical model in meeting the needs of people with disabilities and supports the Social Model of Disability as being a more appropriate, reconstructive and developmental ideology in meeting these needs. The Social Model thus forms the basis for the Integrated National Disability Strategy (INDS) in the current Government of South Africa and thus has been used to guide the foundations of this document.

9. Access to the Qualification

- Must be in possession of a National Senior Certificate (NSC) at NQF Level 4 or equivalent thereof
- Possess subjects: Mathematics/Mathematical Literacy and Life Sciences and/or Physical Sciences and communications
- Must register as an occupational therapy student with the Professional Board of Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy.

10. Learning assumed to be in place

- Recommended reading, speaking and writing in the language of instruction and reading, speaking and writing in English at NQF level 4 as most of the text books are available in English
- Assessment through RPL is recognised.

11. Recognition of prior learning

Any learner, who wishes to be assessed, may arrange for RPL.

⁴ The National Rehabilitation Policy (2000). Department of Health.

⁵ Integrated National Disability Strategy (INDS). November 1997. White Paper of the Office of the Deputy President of South Africa. Rusticana Press, Ndabeni.

12. Qualification mix

Learning Components	Number of Credits Allocated	NQF Level
Fundamentals	100	6
Core	360	7
Elective (compulsory)	20	8

13. Exit Level Outcomes and Associated Assessment Criteria**Exit Level Outcome 1:**

Learning Outcome: Demonstrate competence in the theoretical and philosophical base of occupational therapy through direct⁶ or indirect services⁷, to meet the occupational needs of individuals, groups and communities in the South African context.

Associated Assessment Criteria

1. 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.
2. Differentiate the occupational therapy needs of individuals, groups and communities using appropriate processes and techniques and consultation.
3. Define and describe the critical roles for an occupational therapist within the occupational therapy scope of practice.
4. Explain the use of appropriate models, theories and frames of reference within the occupational therapy process.
5. Justify and defend the decision to use direct and/or indirect service delivery procedures understanding the responsibilities inherent in both.
6. 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 role “fits” and is shaped by the context.
7. Display belief in the occupational therapy process, the uniqueness of the individual, the value of caring and person centeredness, and the value of effective engagement in appropriate occupations to facilitate health, recovery and adjustment to disability.

⁶ Direct occupational therapy services – refer to the occupational therapy process of assessment, planning, intervention, evaluation, recommendation.

⁷ Indirect occupational therapy services – services which do not involve the patient/client directly, but provide dimensions to improve and augment the delivery of direct services – e.g. education, consultation, administration, research. Reed K, Sanderson S. (1983) Concepts of Occupational Therapy, Williams and Wilkins, Baltimore, London.

Exit Level Outcome 2

Learning Outcome: Demonstrate competence in adapting the occupational therapy process for individuals, groups and communities using clinical reasoning and critical thinking in order to deliver services to persons of all ages who are at risk of or are occupationally dysfunctional.

Associated Assessment Criteria

1. Apply the principles embedded in the Primary Health Care⁸ approach when the occupational therapy process is used.
2. Demonstrate the value of meaningful and purposeful engagement in occupations to promote health and prevent illness as the guiding principle.
3. Apply methods to screen populations to identify individuals or groups experiencing occupational risk factors.
4. 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.
5. 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.
6. Describe how to mediate with local, provincial and national authorities about the occupational risk factors evident in groups and communities.

Exit Level Outcome 3

Learning outcomes: Demonstrate competence in adapting occupational therapy intervention programmes to meet specific, cultural and unique needs in diverse settings.

Associated Assessment Criteria

1. Demonstrate the ability to effectively assess occupational performance of individuals, groups and communities to determine occupational performance problems requiring intervention, using appropriate assessment techniques and processes, considering the individual characteristics, cultural and unique needs and context of the individual, group or community.

⁸ Primary Health Care Approach – Equitable distribution of resources; community involvement; a focus on prevention; appropriate technology; multi-sectoral approach.
Watt G; Vaughan P. (1981) An introduction to the Primary Health Care approach in developing countries. Publication 13. London School of Hygiene and Tropical Medicine. London.

2. Design and implement appropriate intervention programmes for occupationally dysfunctional individuals, groups and communities:
 - i. Within the recognised scope of practice, ethical rules and code of ethics,
 - ii. Using a people-centered approach.
 - iii. Using appropriate models, theories, frames of reference, approaches specialised techniques and treatment principles.
 - iv. Select and therapeutically use activity to enhance wellbeing and to restore health and justify the choice made.
 - v. Using a programme of activities which are meaningful and purposeful for the client(s) and appropriate to their context as well as for their therapeutic value to restore, enhance, promote and/or establish healthy lifestyles..
 - vi. Plan and implement programmes for the attainment of occupational performance in all areas of daily life for individuals, groups and populations.
 - vii. Demonstrate the ability to effectively apply appropriate programmes to solve/address differing occupational needs.
 - viii. Demonstrate the ability to adapt procedures and principles to different programme demands and contexts.
 - ix. Using appropriate critical thinking, problem solving and professional reasoning, outcomes based research and appropriate consultation to guide and evaluate intervention outcomes.
3. Record all direct/indirect intervention programmes clearly, concisely and accurately.
4. Demonstrate an awareness of, and sensitivity towards and tolerance of cultural, language, socio-economic, political, gender and/or other diversity issues as evident in the South African context.
5. Demonstrate an understanding of and ability to reflect upon own biases and their impact on the relations and interactions with others: e.g. service providers, colleagues, service recipients.

Exit Level Outcome 4

***Learning outcomes:* Demonstrate the capacity to operate effectively as an occupational therapist in complex, unfamiliar and ill-defined contexts.**

Associated Assessment Criteria

1. Interpret complex, unfamiliar and ill-defined situations by using professional reasoning, against the framework of the role and scope, professional policies and principles to determine the professional contribution and behaviour that would be appropriate in each setting.
2. 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.
3. Demonstrate ability to negotiate reasonable, appropriate and sufficient resources to apply professional principles, policies and work effectively in a particular context.

Exit Level Outcome 5

***Learning outcomes:* Demonstrate competence to perform and collaborate as an effective team member.**

Associated Assessment Criteria

1. Explain the role(s) of each team member /in a specific situation.
2. 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.
3. Display effective and efficient teamwork during interventions (includes co-operation, contributing, enabling, collaboration, liaising).
4. Demonstrate competence with both formal and informal written/verbal communication in group discussions/ward rounds with team members.
5. Display 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.
6. Demonstrate effective management of conflict.
7. Refer clients to appropriate team members where intervention is beyond the scope of occupational therapy.

Exit Level Outcome 6

***Learning outcomes:* Demonstrate critical awareness to act professionally, ethically and reflectively and be responsible for own competence and actions within the professional and legislative framework of South Africa.**

Associated Assessment Criteria

1. Identify/recognize common ethical issues and dilemmas in everyday practice.
2. 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)
3. Display knowledge and understanding of the ethical rules of the HPCSA enables practitioners to practice accountably.
4. Display professional commitment and responsibility to ethical practice on a daily basis.
5. Use various processes of clinical reasoning to plan and critically evaluate outcomes.
6. Use and integrate feedback obtained from the supervision process and/or through self-reflection to revise practise, judgements and behaviours.
7. Demonstrate knowledge of the legal and professional requirements, rights and responsibilities for independent practice as an occupational therapist in this country.

Exit Level Outcome 7

Learning outcomes: Demonstrate awareness of the role of the occupational therapist in mediation and advocacy of occupational justice for the individual, group or community at risk of experiencing occupational imbalance⁹, deprivation¹⁰ and/or alienation¹¹.

Associated Assessment Criteria

1. 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.
2. 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.
3. Explain the principles and philosophy of mediation, advocacy and enablement for occupational justice.
4. Engage relevant role players as partners in the process of restoring occupational justice and occupational balance.
5. Establish partnerships, network extensively and follow appropriate community entry and/or client/case management protocols.
6. Act as advocate for clients, disability and human rights.

Exit Level 8

Learning outcomes: Demonstrate critical awareness of the “Person-Occupation-Environment Relationship”¹² relevant to the South African context of practice.

Associated Assessment Criteria

1. Apply - person-centered principles in occupational therapy practice.
2. Demonstrate understanding of the interaction that physical, psychological, spiritual, social, cultural and political factors have on occupation and how it influences occupational function and dysfunction.

⁹ Occupational imbalance – occurs when people’s engagement in occupation fails to meet their unique physical, social, mental or rest needs and allow insufficient time for their own occupational interest and growth as well as for the occupations each feels obliged to undertake in order to meet family, social and community commitments. Wilcock A A (1998). An occupational perspective of Health. Thorofare: Slack Incorporated.

¹⁰ Occupational deprivation – implies the influence of an external agency or circumstance that keeps a person from acquiring, using or enjoying something. Wilcock A A (1998). An occupational perspective of Health. Thorofare: Slack Incorporated.

¹¹ Occupational alienation -

¹² Person-Occupation-Environment Relationship (PEO): The knowledge of occupation (analyzing, adapting, grading occupation); analyzing occupational performance and environmental factors that influence occupation; attitudes about different people’s participation and their attitudes about environmental issues. World Federation of Occupational Therapists. (2002). The WFOT Revised Minimum Standards for the Education of Occupational Therapists.

3. Demonstrate an understanding that engagement in meaningful occupations is a determinant of health and can restore and promote health and assist adaptation to life circumstances.
4. Assess and adapt or eliminate environmental and/or attitudinal barriers that restrict opportunities or competence required for engagement in occupation to achieve valued life goals.
5. Measure and interpret limitations in activity participation due to impairments or environmental restrictions.
6. Identify and assess disabling conditions and occupational injustices that limit opportunities for individuals, groups and communities to engage in healthy, meaningful occupations.
7. Relate 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).
8. Apply occupational therapy intervention approaches and strategies to address issues that affect health and occupation of individuals, groups or communities.
9. Apply and modify adult education principles and methods in the exchange of information to meet the needs of individuals, groups and populations during occupational therapy interventions.
10. Apply activities, tasks and occupations as a means for the achievement of health objectives in promotive, preventative, palliative, curative, rehabilitative and community development programmes.
11. Apply the principles and adapt the methods that promote occupational engagement and competence across the life span.
12. Develop, implement, monitor and or manage generalist occupational therapy services and/or preventative, palliative, promotive, curative and rehabilitative occupational therapy programmes within different settings, across different sectors and at different levels of the national health service.
13. Utilize available data to determine realistic short and long term objectives.
14. Select appropriate principles, strategies and technologies for promotive, preventative, palliative, therapeutic/care, rehabilitative interventions or programmes.
15. Provide a rationale for professional choices and actions based on knowledge of the precipitating, perpetuating and predisposing factors that impact the health status of individuals, groups and communities.
16. Demonstrate use of continuous evaluation or participatory action methods throughout all planning and action.
17. Identify and monitor precautions and critical success factors, in particular those that affirm the principles of primary health care and community development.

Exit Level Outcome 9

Learning outcomes: Demonstrate in-depth knowledge of occupational science and occupational therapy and its practice within the South African and global context acknowledging both indigenous and international knowledge or perspectives.

Associated Assessment Criteria

1. Explain how engagement in occupations can restore and promote health and assist adaptation to life circumstances.
2. Explain the meaning and purpose that individuals, groups or communities attach to occupations.
3. Demonstrate an awareness and sensitivity of the influence that diverse cultural and social contexts and systems have on occupational choice and behaviour.
4. Achieve health objectives that have occupation as a central concern, through promotive, preventative and community development programmes.
5. Apply creativity in the construction or conceptualization of practical solutions, new conceptual frameworks and novel ideas to solve problems.
6. Demonstrate an understanding of and ability to reflect upon own biases and ~~its~~ their impact on the relations and interactions with others; service providers; colleagues; service recipients.
7. Display creativity to deal with an appropriate combination of issues such as cultural, language, socio-economic, political, gender and/or 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.

Exit Level Outcome 10

Learning outcomes: Demonstrate the ability to select and apply appropriate research methods, techniques and technologies appropriate to occupational therapy research problems.

Associated Assessment Criteria

1. Identify an appropriate research question with/under supervision.
2. Identify and plan an appropriate approach for the research with/under supervision.
3. Identify appropriate quantitative and qualitative research methodology for the research question(s).
4. Prepare a research proposal and ethical clearance application (as appropriate for the venue) under supervision.
5. Complete a literature search and critically appraise the quality of published literature and research under supervision.

6. Prepare a literature review under supervision.
7. Prepare to put the research protocol into practice under supervision.
8. Carry out the research protocol.
9. Appraise results of the research and draw conclusions based on evidence.
10. Appraise the application of research processes, principles and methods that promote meaningful and occupational therapy research.
11. Communicate the research in a written report.
12. Communicate the research findings verbally in presentations..
13. Display insight into the ethical issues at play, and the requirements for undertaking research in occupational therapy.
14. Justify the value of published research with regards to usefulness to inform occupational therapy service and/or knowledge production.
15. Demonstrate the ability to undertake self-study and research as needed to maintain and sustain the ability to function effectively as an occupational therapist.

Exit Level Outcome 11

Learning outcomes: Demonstrate a well-rounded and systematic knowledge base of management functions and skills.

Associated Assessment Criteria

1. Describe the 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.
2. Integrate the application of these functions and skills in the context of the practice of occupational therapy.
3. Demonstrate understanding of the interaction of all the components of management as it relates to occupational therapy: human resource, finance, service provision, support services.
4. Select and perform appropriate functions for a sustainable management system for an occupational therapy service within the South African health system.
5. Describe and demonstrate an understanding of the planning cycle used in management for the quality assurance of service delivery.
6. Propose a strategic and yearly operational plan that included a budget, a human resource plan and service delivery plan.
7. Demonstrate the ability to write a business proposal of motivation for additional resources.
8. Demonstrate the ability to write progress reports on the occupational therapy service.

9. Demonstrate the ability to select appropriate styles for communication, engagement and dialogue within teams.
 10. Operate an appropriate administrative system to support the management in an occupational therapy environment.
 11. Demonstrate the ability to supervise the category of assistant staff and voluntary workers in various practice settings.
 12. Manage time effectively.
 13. Guide assistant category of staff to perform effectively within their scope of practice (e.g. Occupational Therapy Assistant/Technician).
14. Note on Associated Assessment Criteria
- Overlap exists between performances specified for different outcomes. The same evidence may be used toward assessing competence under different outcomes.
15. Critical Cross Field Outcomes
- The critical cross field outcomes as identified by SAQA are embedded in the specified exit level outcomes. Refer to addendum A for the critical cross field outcomes.
16. International Comparability
- International comparability of the whole qualification is ensured by adherence to the minimum standards of the World Federation of Occupational Therapy (WFOT) by all the training centres. WFOT formally evaluates all occupational therapy training courses every 7 years. Being accredited by WFOT enables practitioners to practice internationally.
17. Integrated Assessment
- Assessment of theory and practice is required. A variety of summative and formative assessment methods are used, e.g.: case studies; written papers; practical examinations; OSPE/OSCE; case study presentations, research reports, portfolios, orals.
18. Articulation possibilities
- The exit level outcomes ensure that a graduate of a programme meeting these standards would meet requirements for entry to the following programmes:
- Post graduate Diploma in Occupational Therapy
 - Masters programmes (course work) leading to a Masters in Occupational Therapy (M.Occ.Ther/MSc.Occ.Ther)
 - Masters in Occupational Therapy (by thesis) (M.Occ.Ther/ MSc.Occ.Ther)
19. Criteria for registration of Assessors
- Assessors should comply with the requirements of HEQC.

20. Moderation options

External examiners are appointed annually by training centres to participate and moderate in the evaluation of all final year students.

The Professional Board of Occupational Therapy and Medical Orthotics/Prosthetics evaluate all occupational therapy training programmes according to a schedule every 5 years. Two evaluators are appointed on the Professional Board of Occupational Therapy and Medical Orthotics/Prosthetics to evaluate a training course to ensure that the minimum standards of training are met. The evaluation is performed according to a set procedure. It is the responsibility of the Professional Board for Occupational Therapy and Medical Orthotics/Prosthetics to endorse recommendations made by the evaluators as to whether a training course meets the minimum standards of training and can be accredited for a 5 year period.

Revised:

- * 18 June 2006
- * 17 October 2006.

Final document: 22 November 2006