



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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

MINIMUM STANDARDS FOR THE EDUCATION AND TRAINING OF OCCUPATIONAL THERAPISTS

INTRODUCTION

The professional oriented bachelor's degree (minimum of 480 credits) requires a student to complete a minimum of four years of fulltime study, presented at Level 8 on the Higher Educational Qualifications Sub -Framework (HEQSF) . It prepares the candidate for a Master's degree.

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 him/ her to undertake one year of compulsory community service before they can register as independent practitioners with the HPCSA.

The purpose of occupational therapy education is to provide an occupational therapy workforce equipped to work in the South African context, and who can safely and effectively perform all the acts contained in the Occupational Therapy Scope of profession.

Occupational therapy programmes aim to provide occupational therapy graduates with in-depth knowledge and understanding of the relationship between engagement in occupation and health/wellness. This is done with due consideration of the effect of socio-political, environmental factors, physical/mental impairment and developmental delays on occupational performance. Where occupational risk factors are identified, the achievement and maintenance of health and wellness is done through advocacy for resources and creation of opportunities for occupational engagement. Activity/occupation is the means of intervention in occupational therapy.

The minimum standards guide education of entry-grade occupational therapists who are competent to develop and implement contextually and culturally relevant programmes. These minimum standards should be read with the World Federation of Occupational Therapy's 2016 Revised Minimum standards for the education of occupational therapists.

THE PURPOSE OF THE MINIMUM STANDARDS ARE 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.

1. FUNDAMENTAL CHARACTERISTICS

- 1.1. Programmes for the education of occupational therapists should have explicit educational and occupational philosophical foundations to allow for curricular alignment.
- 1.2. 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.
- 1.3. The learning environment should be such that students will value the role of occupational therapy within a changing environment.
- 1.4. The graduates will accept the responsibility for and commitment to life-long learning.
- 1.5. The educational programme should provide opportunities for students to engage with issues of diversity and become culturally sensitive and address occupational injustice.
- 1.6. The programme content must be taught to students by educators who are appropriately qualified and have relevant experience in the subject content that make up the educational programme content.

2. CORE THEORY CONTENT (Also see Addendum A)

85% of the credits are allocated to the core content below, 15% 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 and social determinants of health (minimum of 10% 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

- 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. The range of student experiences will always include:
- 3.1.1. people of different age, gender and cultural groups;
 - 3.1.2. people who are on a continuum from recently acquired to long-standing health needs;
 - 3.1.3. interventions that focus on the person, occupation and environment both individually and collectively;
 - 3.1.4. people who are at risk of acquiring health problems that will negatively impact upon their ability to perform occupations;
 - 3.1.5. exposure to individual, group/community and population approaches within settings;
 - 3.1.6. conditions that affect different aspects of body structure and function that cause different kinds of activity limitations;
 - 3.1.7. placements at all levels of care in hospital and community settings, health and educational settings, urban and rural areas;
 - 3.1.8. placements within preventative, promotive, curative, rehabilitative, habilitative and palliative programmes.
 - 3.1.9. 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.
- 3.2. First, second, and third year students must 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. There should, at least, be access to a university clinical educator, who is an OT, with specific, minimum, contact hours with the student. Universities should do everything in their power not to place students in settings where there is no OT or OTA/OTT.
- 3.3. 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. Higher Education Institutions should comply with quality assurance practices in line with internal policies. Clinical practical examinations should be done to demonstrate exit level clinical competencies; these should be externally moderated. The prescribed examinations may be arranged at the discretion of the education authority, provided that the profession specific content is included in the final qualifying examinations.

No candidate shall be registered by the Health Professions Council of South Africa (HPCSA), as a occupational therapist 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.

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):

1.1 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.

1.2. 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 muscular-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 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 economic, 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.
- Assess, prescribe, customise and fit assistive technology to support occupational performance (including wheelchair prescription, basic seating).

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

Apply the steps of the occupational therapy process during interventions in relation to the situation:

- Design and implement appropriate intervention programmes for occupationally dysfunctional (or at risk) individuals, groups and communities informed by relevant policy and (or at-risk individuals, groups and communities) using appropriate models, theories, frames of reference, approaches, specialized techniques and treatment principles.
- 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. 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.

5. 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.

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