Description of occupational therapy education in Europe

European Network of Occupational Therapy in Higher Education (ENOTHE)
Council of Occupational Therapists for the European Countries (COTEC)
Trondheim 2006-01-18

Introduction to the subject area

**Occupational therapy** is a profession whose primary goal is to make it possible for people to participate in the occupations of everyday life. An occupation is “a group of activities that has personal meaning, is named within a culture and supports participation in society. Occupation can be categorised as self-care, productivity and/or leisure”. Participation in occupations promotes people’s identity, health and well-being. People may be restricted from participating in occupations due to impairment of body structure or function caused by physical and mental health conditions and/or due to restrictions created by the physical, social, attitudinal, or legislative environments. Occupational therapists understand and use the therapeutic potential of participation in occupation and activities in order to enhance the person’s abilities and skills, enabling the occupations of their choice in their environment. Additionally or alternatively, the occupational therapist works towards changing aspects of the environment in order to support participation. Occupational therapists may work in health, education or social settings, and with individuals and groups of people of all ages.

Occupational therapy education is based on a broad understanding of occupation, and the unique integration of empirical and phenomenological knowledge from the social, technological, human, biological and life sciences. Occupational therapy contributes to the development of the emerging discipline of occupational science. **Occupational science** is the systematic study of the human as an occupational being including the need for and capacity to engage in and orchestrate daily occupations in the environment over the life span.

Occupational therapy is regulated by the Council Directive on a general system for the recognition of higher-education diplomas awarded on completion of professional education and training of at least three years’ duration (89/48/EEC supplemented by Council Directive 92/51/EEC and amended by 2001/19/EC). The profession is guided by international standards for education and practice from the World Federation of Occupational Therapists, the Council of Occupational Therapists for the European Countries and the European Network of Occupational Therapy in Higher Education, these include guidelines and standards related to curriculum, ethics and quality enhancement. The profession may be named and defined differently in various languages, e.g. Ergotherapy (Definition of Occupational Therapy).

In most European countries, national/professional regulations govern the profession and there are governmental/professional registration and professional profiles (http://www.cotec-europe.org). The profession of Occupational therapy is typically governed by National Ministries responsible for Health, Social Welfare, Labour and Education.

---

1 ENOTHE Terminology group, consensus definitions. www.enothe.hva.nl
2
3 Concepts are congruent with WHO’s definition of International Classification of Functioning, Disability and Health (ICF) (http://www3.who.int/icf/icftemplate.cfm)
Consultation process with stakeholders

The Tuning Project Group formed of representatives from ENOTHE and COTEC in April 2004, developed the competences for occupational therapists and the description of occupational therapy education in Europe. The first draft of competencies was based on earlier work completed by the World Federation of Occupational Therapists, the College of Occupational Therapists in the UK, the Australian Association of Occupational Therapists, the Canadian Association for Occupational Therapists as well as Curriculum Guidelines (ENOTHE) and Standards of Practice (COTEC). ENOTHE and COTEC members commented through e-mail on the draft competencies. Feedback was also received from small focus groups held during the annual ENOTHE meeting (Sept 2004), which included all participants and represented all 160 higher educational institutions that are members of ENOTHE as well as the COTEC delegates. As a result, a number of alterations were made and selected experts provided further feedback and advice. Consultation on the process was received from the Tuning management during the TUNING Phase III meeting held in Budapest (April 2005).

Occupational therapists, academics and students in all European countries had the opportunity to feed back and comment on the generic and specific competencies thorough a web-based questionnaire in May 2005. The results of this questionnaire revealed that all specific competencies received scores higher than 2.4 (scale 0-4) for 1st cycle education. For the 2nd cycle, all specific competencies received scores higher than 3.3. Overall, there was a clear acceptance of the competencies with a high correlation between teachers, practitioners and students. All three groups gave high scoring to competencies related to ethics and practice including client centred practice, respecting clients and the implementation of the occupational therapy process with clients. In addition, theoretical concepts underpinning occupational therapy were rated highly. Competencies related to research (methodology, dissemination) were scored higher for the second cycle, as were competencies relating to influencing social policy, the promotion of occupational justice, the promotion of occupational therapy and the exploration of emerging markets, and management (budgeting, supervision, service evaluation). Regarding the generic competences the following were scored highest for all three groups, showing a high correlation: teamwork, ability to work in interdisciplinary teams, ethical commitment, problem solving and capacity for applying knowledge in practice.

The Tuning Project Group interpreted the results of the questionnaire and prepared a draft Description of Occupational Therapy Education in Europe (July 2005). Third cycle level descriptors were formulated following consultation with experienced researchers and educators in the field, and relevant documentation.

The competencies and description were discussed and validated in focus groups at ENOTHE’s Annual Meeting (Sept 2005) and at the COTEC autumn council meeting, which included representation from all European countries (Oct 2005). A clear recommendation was given to reduce the number of competencies by merging them and to clarify the level descriptors. This was followed up by the project group at meetings (in Nov & Dec 2005) where the 54 competencies were reduced to 35.
**Degree profile(s)**

Usually entry to occupational therapy practice follows completion of *first cycle* occupational therapy education, often called a Bachelors degree. However, second cycle programmes in occupational therapy exist for those who have undertaken a first cycle programme in another (related) subject area. In this case, first level descriptors must be included in the second cycle level of occupational therapy education.

The *second cycle* is based on the first and is usually called a Masters degree.

Short cycle courses, both specialist and multidisciplinary are also available. There is a move towards converting such courses into components of a Masters degree.

*Third cycle* education, called a Doctoral degree, is also available in the subject of occupational therapy. Occupational therapists can also follow doctoral programmes in other disciplines.

Degree profiles in occupational therapy vary throughout Europe, arising out of different national traditions of the profession and a variety of educational and degree systems. However, throughout Europe the Bologna process for higher education is being implemented with the aim of harmonisation.

**Typical degrees offered in the subject area**

<table>
<thead>
<tr>
<th>First cycle</th>
<th>Second</th>
</tr>
</thead>
</table>
| **Entry requirement:** University requirements, usually 12 years school before entry In some cases no criminal record | **Bachelor of Science in Occupational Therapy**  
**Bachelor of Health Science**  
**Professional Bachelor in Occupational Therapy**  
**Diploma in Occupational Therapy** |

| Short cycle | **Shorter courses within higher education, following completion of first cycle education, which deepen an area of interest with or without credits for second cycle. They can relate to both areas of professional specialisation and broader areas of interest:**  
**Leadership, management and administration of health and social services**  
**Research methods in health and welfare**  
**Rehabilitation, universal design**  
**Public health and prevention**  
**Counselling and education**  
**Postgraduate programs for special groups such as children, elders, challenging behaviour, somatic or mental health etc**  
**A range of methodological courses in assessment and intervention** |

<p>| Second | <strong>Master of Science in Occupational Therapy</strong> |</p>
<table>
<thead>
<tr>
<th>Cycle</th>
<th>Requirements</th>
<th>Entry Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>First cycle</td>
<td>Successful completion of studies</td>
<td>Master of Occupational Science</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professional Master of Occupational Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Master of Philosophy in Occupational Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Postgraduate Diploma in Occupational Therapy</td>
</tr>
<tr>
<td></td>
<td>A wide range of master degrees in different disciplines are open for occupational therapists; e.g. master degrees in rehabilitation, education, medicine, public health, social work, management, health science etc</td>
<td></td>
</tr>
<tr>
<td>Third cycle</td>
<td>Successful completion of selected second cycle educational programmes in the subject area</td>
<td>Doctor in Occupational Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Doctor of Philosophy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Doctor of Practice</td>
</tr>
<tr>
<td></td>
<td>Occupational therapists in some countries may complete third cycle programmes in other subject areas, e.g. medicine, health science</td>
<td></td>
</tr>
</tbody>
</table>

**Typical occupations of graduates in occupational therapy**

<table>
<thead>
<tr>
<th>First cycle</th>
<th>Occupational therapist: e.g. in general physical and mental health hospitals, rehabilitation, vocational and community health services, schools, health promotion, social services, private practice, voluntary/charitable organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consultant/advisor and occupational therapist: e.g. in industry, ergonomics, schools, kindergarten, assistive technology, cultural and community sector (inclusion and participation)</td>
</tr>
<tr>
<td></td>
<td>Social and health workers/careers: e.g. in sheltered homes, work training centres, refugee centres, mental health services</td>
</tr>
<tr>
<td></td>
<td>Lecturer</td>
</tr>
<tr>
<td></td>
<td>Research assistant</td>
</tr>
<tr>
<td>Short cycle</td>
<td>Specialised occupational therapist: e.g. specialist services and senior positions</td>
</tr>
<tr>
<td></td>
<td>Manager/administrator/supervisor</td>
</tr>
<tr>
<td></td>
<td>Educator e.g. fieldwork supervisor, short course leader</td>
</tr>
<tr>
<td></td>
<td>Research assistant</td>
</tr>
<tr>
<td>Second cycle</td>
<td>Advanced practitioner: in all fields of practice</td>
</tr>
<tr>
<td></td>
<td>Consultant occupational therapy practitioner: in specialist fields, e.g. neurology, mental health</td>
</tr>
<tr>
<td></td>
<td>Project leader and promoter within health and welfare services</td>
</tr>
<tr>
<td></td>
<td>Manager: e.g. of occupational therapy services and multidisciplinary health/social services</td>
</tr>
</tbody>
</table>
Role of subject area in other degree programmes

Occupational therapy and science is relevant to a number of other professions and disciplines. This includes basic knowledge of human occupation including performance of daily activities within different contexts, in areas such as play, work, and self-care activities. Subjects of interest for other professions or society at large might be: environmental adaptation, design of commonly used objects in daily life, universal design, lifestyle redesign, creativity and health, the relationship between occupation and health, social inclusion, how to structure daily life, creativity, functional assessment, functional movement, positioning, ergonomics etc. Possible target groups include: engineers, architects, teachers, special needs educators, nurses, allied health and medical professionals, lawyers.

Shared learning and teaching is increasingly common in health and social care programmes. The aim of this approach is to increase mutual understanding and promote effective team working. Subject areas included in this style of learning may be: health and welfare legislation, ethics, communication, research methods, health and social care systems etc.

Learning outcomes & competences – level cycle descriptors

These Level Descriptors are organised according to the attached generic and specific competencies

First cycle level descriptor in occupational therapy

Generic:
The occupational therapist (OT) at this level
- Has general competence in the analysis and synthesis of general health and social issues.
- Reflects on and applies basic knowledge in practice and is especially skilled in problem solving.
- Uses computing skills and information management skills for reporting and searching for information.
- Has basic research skills including abilities to critique and apply research findings.
- Is competent in project design.
- Has a working knowledge of English in order to update themselves with the professions’ body of knowledge.
- Through educational practice and theory, is especially skilled in interpersonal
competencies, including oral and written communication with professionals and service users, in group work and interdisciplinary teamwork with health and social care professionals.

- Follows the national/international code of conduct and ethics, and appreciates individual and cultural differences.
- Adapts to new situations, is creative in finding the best solutions and makes decisions in collaboration with team and client.
- The therapist works autonomously as a health professional, applies procedures for quality assurance and has the capacity to engage in life long learning.

**Knowledge of occupational therapy (OT)**

The OT

- Critically synthesizes and integrates relevant knowledge from a range of epistemologies that underpin the art and science of occupational therapy practice, especially the complex relationship between the person, the environment and occupation. This knowledge relates to the theoretical foundations of the profession and its practice, e.g. the nature of occupation, the purpose of occupational performance, personal and environmental factors contributing to occupation and the relationship between health and occupation.
- Is able to justify their practice by debate and discussion, giving rationales and/or evidence.

**Occupational therapy process and professional reasoning**

The OT

- Meets the needs of clients with occupational challenges due to complex situations related to health, social situations and the environment. Clients may be individuals, groups, organisations or populations. Important competencies relate to the implementation of the occupational therapy process which includes screening, assessment, identifying needs, formulating goals, planning, implementing interventions and evaluating outcomes, in order to enable the occupations and participation of the client’s choice.
- Integrates reasoning related to the process with the occupational narrative of the client. This guides the selection and implementation of theories and models, occupational and activity analysis and synthesis in order to provide best possible practice for each individual client.

**Professional relationships and partnerships**

The OT

- Establishes and maintains a therapeutic relationship with the client, which is the foundation of practice. Principles of client centred practice are fundamental to this relationship, in particular respect for individual differences and their influence on occupation and participation.
- Builds partnerships and offers consultation and advice related to human occupation and occupational performance.
- Identifies and manages ethical dilemmas that arise within their professional relationships. Participates at national and international conferences, workshops etc.

**Professional autonomy and accountability**

The OT
- Practices in accordance with national and international policies, regulations and codes of ethics for occupational therapists.
- Follows procedures laid down for documentation of the occupational therapy service.
- Works within the limitations of own knowledge and skills, and refers to other professionals when required.
- Is proactive in searching out learning opportunities and engages in a process of lifelong professional development.

**Research and development in occupational therapy/science**
The OT
- Is a critical consumer of research with the ability to integrate research into practice.
- Systematically searches for information from a wide variety of sources including information technology.
- Undertakes responsibility for smaller projects within health and social services.
- May work as research assistants in research projects.

**Management and promotion of occupational therapy**
The OT
- Promotes the population’s needs and rights for everyday occupations and the relationship of these occupations to health.
- Works to develop services to provide opportunities for persons to participate in occupations that will promote their health and well being.
- Determines and prioritises OT services related to the clients needs.
- Undertakes supervision of occupational therapy students, helpers, assistants, volunteers and others.
- Understands and implements strategies to promote the provision of services and works with local decision makers.

**Second cycle level descriptor in occupational therapy**
In addition to the level of competence demonstrated by occupational therapists that have completed first cycle education the following will be demonstrated by those completing the second cycle:

**Generic:**
The occupational therapist (OT)
- Has reached a higher and more complex level of knowledge within instrumental competencies especially in research skills, project design and management.
- Communicates at an advanced level including oral discussions at national and international conferences and has publications in national and international research journals.
- Leads an interdisciplinary team.
- Has reached a higher and more complex level in systemic competences. The therapist has a more mature, innovative and entrepreneurial spirit as well as creativity for new ideas. The therapist is able to make judgement also with incomplete or limited information.
- Is concerned with quality and can evaluate methods being used according to their relevance, validity and reliability.

**Knowledge of occupational therapy**
The OT

- Locates occupational therapy theory within the wider academic discourse. Critically engages and challenges existing theories related to occupational science and occupational therapy.
- Participates in debate related to occupational therapy/science within a wider health and social context.

**Occupational therapy process and professional reasoning**

The OT

- Critically appraises emerging theories and practice developments both in generic and specialized areas and leads their implementation in practice.
- Facilitates interdisciplinary debate and intervention focusing on the complex needs of the client.

**Research and development in occupational therapy/science**

The OT

- Demonstrates innovation and evidence of advanced critical engagement in developing occupational therapy methods and processes, informed by contemporary research and/or theory.
- Can critically discuss research and undertake research under supervision within a certain area of practice or theory development.
- Understands and implements the evaluation of the reliability, validity and relevance of intervention methods.
- Presents research findings in a variety of forums in order to advance knowledge in occupational therapy.
- Critically engages in the discussion of, and resolution of ethical dilemmas in the research process.

**Professional relationships and partnerships and professional autonomy and accountability**

The OT

- Has advanced critical thinking skills and depth of knowledge permit consideration and debate in these areas and the development of proposals for change.
- Is proactive and responsive to change and development of policies at international and national levels.
- Plays a proactive role in the personal and professional development of peers.

**Management and promotion of occupational therapy**

The OT

- Promotes the need for the population to engage in everyday occupations and promotes the relationship between occupation and health in an advanced way. This includes consultation with politicians, decision-makers and the media.
- Can teach/supervise other professionals and disciplines on the characteristics of occupation and its impact on populations.

**Third cycle level descriptor in occupational therapy**

In addition to the level of competence demonstrated by occupational therapists that have completed first and second cycle education the following will be demonstrated by those
completing the third cycle.

**Generic:**  
The occupational therapist (OT)  
- Demonstrates independence, originality, creativity, and ability in advanced analysis and synthesis of complex ideas, with a variety of epistemological approaches.  
- Builds contacts and cooperation with researchers from other disciplines and presents scientific occupation-based contributions to symposiums of other disciplines.  
- Builds contacts and cooperation with persons of other disciplines who have completed 1st and 2nd cycle education, in order to integrate them into complex interdisciplinary research projects  
- Is able to reduce theoretical complexities to teaching units appropriate for practitioners and others.  
- Takes up problems and concerns from practice and develops them into research questions and complex research projects and contributes occupation-related statements to interdisciplinary scientific debates.  

**Knowledge of occupational therapy**  
The OT  
- Contributes to develop the body of knowledge in a scientific discipline concerned with occupational performance and how it relates to other phenomena such as health, daily life, welfare, and identity.  
- Contributes to the advancement of knowledge and influences the wider discourse regarding society and health  

**Occupational therapy process and professional reasoning**  
The OT  
- Is proactive in developing new procedures and protocols based on knowledge emerging from research.  
- Provides theory-driven rationales for occupational therapy practice and performs research in new areas of practice.  

**Professional relationships and partnerships**  
The OT  
- Builds national and international partnerships and networks through conferences, congresses and symposiums with other occupational therapy researchers and occupational scientists and researchers from other disciplines.  
- Contributes to and organises scientific symposiums on occupation-based interventions.  
- Builds contacts and cooperation with representative groups of occupational therapy clients, in order to involve them in the planning and implementation of complex research projects.  

**Professional autonomy and accountability**  
**Research and development in occupational therapy/science**  
The OT  
- Is able to undertake original research in an area of significant importance for the profession, producing original, creative and groundbreaking work. They can combine research methodologies in order to advance the knowledge of human occupation and the promotion of innovative structures. Graduates should be active in dissemination and be involved in national and international debate.
- Is able to lead scientific investigations regarding intervention programmes and evaluation of assessment tools and treatment strategies in occupational therapy and occupational health promotion.
- Develops and implements new scientific methods in the field of occupational therapy research and occupational science and disseminates research findings in refereed international publications.
- Negotiates with decision-makers of the national health care or welfare system on issues such as legislation for registration and the autonomy of occupational therapy.

**Management and promotion of occupational therapy**

The OT
- Promotes everyday occupations at national and European level, including consultation with politicians and decision-makers in health, social care, and economic systems.
- Teaches other health professionals, and publishes books on the character and impact of occupation.
- Conducts projects (research, model of practice, best-practice) on health promotion and reintegration/rehabilitation through enhanced occupational performance of individuals, groups, and institutions.
- Is able to be in charge of the development and management of models of practice or best-practice projects on health promotion and the reintegration/rehabilitation through enhanced occupational performance of individuals, groups, and institutions.
- Undertake supervision of master/2nd cycle students and graduates.

**Workload and ECTS**

Typical workloads expressed in ECTS are as follows:
- First cycle: *minimum of 180, sometimes 240 depending on prerequisite*
- Second cycle: *minimum 90 for master degree*
- Third cycle: *minimum 180*

An essential component of first cycle education is the implementation of theory in practice, e.g. through skill labs, workshops and supervised fieldwork. Fieldwork is an integral component of academic professional education; the WFOT Minimum Standards for Education of Occupational Therapists demands a minimum of 1000 hours (40 ECTS). The consultation process, including the web-based questionnaire, demonstrated a very high rating on issues related to ethics, implementation of the occupational therapy process and partnership with clients. The consultation process supported an emphasis on competencies that can only be achieved through fieldwork and practical experience in real life situations to become a competent practitioner. During education, the emphasis is therefore placed on the quality of the practical experience offered and achievement of educational and professional learning outcomes.

**Learning, teaching & assessment**

Occupational therapy is based on the importance of doing; being involved in occupations and client centred approaches. These characteristics of professional practice are significant in guiding the innovative teaching and learning approaches used in education, such as student...
centred learning, self-directed learning, problem based learning, portfolio building and fieldwork. These are important strategies in the education of occupational therapists. A number of ENOTHE publications have explored approaches to teaching and learning.

- Occupational Therapy in Europe: Learning from each other (2000), presents a collection of 40 case histories from 17 countries across Europe. The material can be used for reflection by occupational therapists in practice, to enhance students’ learning, and to prepare students who are going abroad for fieldwork etc. The book also describes two shared projects between students in three countries, and two undergraduate courses on the European dimension.

- Occupational Therapy Education in Europe: Approaches to Teaching and Learning “Practical” Occupational Therapy Skills, sharing best practice (2004), stresses the need for a balance between theory and practice and the inclusion of evidence based intervention in occupational therapy education. As research and occupational science increasingly focus on the significance of practical occupation for the human being, practical skills will continue to remain of great importance in education.

- Occupational Therapy Education in Europe: PBL Stories and Signposts, towards a problem based learning orientated curriculum (2004). This book describes the experiences of occupational therapy teachers from different European countries while implementing problem-based learning in their curricula.

- Occupational Therapy in Europe: an intercultural experience (2004). This CD Rom describes the process of implementation of an Internet course by distance learning involving a number of partner institutions.

- European Traditional and Popular Games and Activities in Occupational Therapy for Children and Young People 6 – 18 years (2005). This DVD created by the student project group, explores the implementation of one of the most fundamental of occupational therapy skills i.e. occupational and activity analysis, using traditional games and activities from throughout Europe.

Good examples of best practice in planning, learning, teaching and assessment to achieve competence will be included in later publications.

**Quality enhancement**

Over the past 10 years, the Thematic Network ENOTHE has developed and enhanced the accountability and transparency of occupational therapy education in Europe. The following publications have been produced:

- Occupational Therapy Education in Europe: Curriculum Guidelines (2000), published in English, French, German, Italian and Spanish. The guidelines have been important in moving towards mutual recognition of academic and professional standards and in promoting transferability, internationalisation and harmonisation.

- Occupational Therapy in Europe: Learning from each other (2000), provides a unique opportunity for discussion on practice throughout Europe.

- Occupational Therapy Education in Europe: Quality Enhancement – International Peer Review (2004). This book describes a quality assurance procedure that can be employed to support the review and enhancement of occupational therapy education and to promote a great awareness of the standards required to deliver occupational therapy education in Higher Education Institutions in Europe. Peer evaluation, peer support and internationalisation of occupational therapy education are encouraged.
The WFOT have established a procedure for the approval of educational institutions in fulfilling the minimum standards for the education of occupational therapists throughout the world (www.wfot.org)

Quality is also an important issue in relation to fieldwork, where placement selection, supervision, learning outcomes and student assessment methods are all carefully designed and monitored. Good examples in relation to fieldwork will be included in later publications.

**Bibliography**
The following publications are available from ENOTHE ([http://www.enothe.hva.nl](http://www.enothe.hva.nl))

- Occupational Therapy Education in Europe: an Exploration, (2000)
- Occupational Therapy in Europe: Learning from each other, (2000)
- Occupational Therapy Education in Europe: approaches to teaching and learning “practical” occupational therapy skills, (2004)
- European Traditional and Popular Games and Activities in Occupational Therapy for Children and Young People 6 – 18 years, (DVD), (2005).