



The Official Gazette A

Ministerial Order on the Bachelor's Degree Programme of Occupational Therapy

Pursuant to Section 22 of the Act on Academy Profession and Professional Bachelor Programmes, cf. Consolidation Act no. 1147 of 23 October 2014, as amended by Act no. 633 of 12 May 2015, and Section 15 and Section 58 of the Act on Authorisation of Healthcare Professionals and of Professional Healthcare Activity, cf. Consolidation Act no. 877 of 4 August 2011, and after negotiations with the Minister for Health and the Elderly, it is hereby established that:

Professional Healthcare Activity.

Part 2

Duration, structure and organisation

3 The educational institution that provides the study programme is responsible for the Programme of its entirety.

Part 1

Purpose

1. The purpose of the Bachelor's Degree Programme of Occupational Therapy is to qualify graduates to independently provide, coordinate and manage occupational therapy in order, via evidence-based practice, to help citizens and patients overcome problems related to activity in their everyday lives. The programme also provides graduates with theoretical and clinical competencies in relation to health promotion, disease prevention, rehabilitation, habilitation and palliation, and trains them to be reflective and critical. The graduate possesses the competencies to participate in research and development work and to participate in theoretical and clinical continuing and further education study programmes.

(2) The graduate possesses the knowledge, skills and competencies specified in Appendix 1.

(3) The programme is based on research and development in the field of occupational therapy, as well as on knowledge of professional practice and the positions for which graduates are qualified.

2. On successful completion of the programme, graduates are entitled to use the title *Professionsbachelor i ergoterapi* in Danish or Bachelor of Occupational Therapy, in English.

(2) The programme's English title is Bachelor's Degree Programme of Occupational Therapy.

(3) Graduates are authorised pursuant to the Act on Authorisation of Healthcare Professionals and of

(2) The educational institution works together with the organisation that provides the work placement site (clinical training site) at all levels in order to ensure coordination between the theoretical teaching and the work placement (clinical training). The educational institution is responsible for ensuring that the co-operation is established and maintained. The educational institution and the organisation that provides the work placement site must jointly draw up mutually binding agreements that describe the form of the co-operation. These agreements must be published on the educational institution's website.

(3) The educational institution must approve the work placement site (clinical training site). In managerial terms, an work placement site (clinical training site) constitutes a defined area that is approved by the educational institution, cf. the relevant criteria in the curriculum.

(4) The educational institution holds the work placement site (clinical training site) responsible for ensuring that the work placement (clinical training) is completed as per the guidelines laid down by the educational institution.

(5) It is a condition for approval of the work placement site (clinical training site) that the clinical training is provided by occupational therapists with pedagogic qualifications corresponding to 1/6 of a diploma programme.

(6) It is also a condition for approval that the work placement (the clinical training) meets the following requirements:

- 1) The work placement (clinical training) is defined as the part of the study programme during which the occupational therapy student is in direct contact with healthy or sick individuals and/or groups and learns to plan, provide and assess the overall occupational therapy.
- 2) The work placement (the clinical training) takes place under supervision in an institution run by either the national government, a regional or local authority, a private body or another relevant institution.
- 3) To a limited extent, as preparation for contact with citizens and patients, for example, some elements of the work placement (clinical training) may take place in a skills laboratory or simulation laboratory. However, these must not directly replace contact with citizens and patients in the clinical department or institution.

4. The programme is full-time and equivalent to 210 ECTS credits, of which 20 ECTS credits consist of elective elements, 20 ECTS credits consist of inter-professional elements and 20 ECTS credits consist of a bachelor project. One student FTE is equivalent to a year of full-time study, and corresponds to 60 ECTS credits.

(2) The study programme is divided into semesters. During each semester, students must achieve 30 ECTS credits. Semesters may be subdivided into modules equivalent to 10 ECTS credits.

5. The study programme consists of theoretical elements equivalent to a total of 168 ECTS credits and work placement (clinical training) equivalent to a total of 42 ECTS credits.

(2) The programme covers the following subject areas:

- 1) Health science subjects equivalent to 147 ECTS credits.
- 2) Natural science subjects equivalent to 21 ECTS credits.
- 3) Humanities subjects equivalent to 21 ECTS credits.
- 4) Social science subjects equivalent to 21 ECTS credits.

6. The Programme includes the following compulsory themes during the first two years:

- 1) Activity and participation in everyday life, equivalent to 30 ECTS credits.
- 2) People, activity and environments, equivalent to 30 ECTS credits.
- 3) Rehabilitation and habilitation, as well as health promotion and disease prevention in order to enable activity and participation, equivalent to 30 ECTS credits.
- 4) Occupational therapy, practice and professional relationships, equivalent to 30 ECTS credits.

7. Within the framework of this ministerial order, the educational institution lays down more detailed rules in a curriculum for the whole study programme. The curriculum consists of a common part designed to guarantee consistency across educational institutions, and a part specific to the individual institution concerned. The common part is drawn up jointly by the institutions authorised to provide the study programme. The individual institutions authorised to provide the study programme draw up the specific part of the curriculum.

(2) The common part must describe the following:

- 1) The content of each theme during the first two years.
- 2) Objectives for learning outcomes after the first two years.
- 3) The split between the theoretical elements and work placement (clinical training) in terms of ECTS credits during the first two years of the study programme.
- 4) The ECTS allocation between subject areas, cf. 5 (2), during the first two years of the study programme, including courses equivalent to a minimum of 5 ECTS credits.
- 5) Exams held during the first two years of the study programme, including which ones are assessed by an external examiner and which ones are clinical and/or theoretical.
- 6) Requirements for the final bachelor thesis.
- 7) Rules on credits.

(3) The part of the curriculum specific to the institution is drawn up in accordance with the rules in the Ministerial Order on Academy Profession Degree Programmes and Professional Bachelor Programmes (the LEP order). In the specific part, the individual institution describes the compulsory and elective content of the themes during the final 1½ years of the study programme, cf. 4.

Part 3

Examinations, etc.

8. Exams are held at the end of a semester.

(2) In the specific part of the curriculum, the institution describes the objectives for learning outcomes, for which exams are held as per (1).

(3) Attendance during the work placement (the clinical training) is mandatory. Attendance is a prerequisite for sitting the exam at the end of the work placement (clinical training).

(4) Otherwise, the rules contained in the Ministerial Order on Tests and Exams on Vocational Higher Education Programmes (the Exam Order) apply.

Part 4

Other regulations

9. Students must complete the programme within six years of commencing their studies. This does not include leave of absence due to childbirth, adoption, long-term illness, national service, UN service, etc. In special circumstances, the institution may extend the programme beyond six years.

10. If any significant changes are made to the curriculum, the relevant authorising bodies must be informed.

(2) Changes may only be made to the common part of the curriculum with the agreement of all of the educational institutions responsible for providing the study programme. Any changes must also be discussed with the educational institution's partners on the study programme.

(3) The rules concerning amendments to curricula contained in the Ministerial Order on Academy Profession Degree Programmes and Professional Bachelor Degree Programmes, as well as in the Act on University Colleges, also apply.

11 The rules on professional bachelor study programmes contained in the Ministerial Order on Academy Profession Degree Programmes and Professional Bachelor Programmes, with the exception of the requirements on the common part of the curriculum, also apply.

Part 5

Date of commencement, etc.

12. This order enters into force on 1 August 2016.

(2) Ministerial Order no. 832 of 13 August 2008 on the Bachelor's Degree Programme of Occupational Therapy is hereby repealed.

(3) Students who started on the Occupational Therapy study programme before 1 August 2016 may complete the

programme under the ministerial order mentioned in (2) until the summer of 2019, cf., however, (4).

(4) The educational institution may make transitional arrangements so that students who enrolled on the Occupational Therapy study programme before 1 August 2016 must complete the programme under the rules set out in this ministerial order.

Place

SIGNATORY 1

/Signatory 2

Objectives for learning outcomes for the Bachelor's Degree Programme of Occupational Therapy

The objectives for learning outcomes include the knowledge, skills and competencies that a professional bachelor in occupational therapy must achieve during the programme.

Knowledge

The graduate:

- 1) possesses knowledge of, and is able to reflect on, the importance of activity and participation for conditions of life and on the impact of environments on physical and mental health and on the quality of life,
- 2) is able to understand and reflect on the importance of culture to human health behaviour and related needs as well as the importance of culture for activity and participation and its influence on health and disease,
- 3) possesses knowledge of and is able to reflect on technology that supports participation in everyday life activities and on the therapeutic potential of technology for relevant target groups,
- 4) possesses knowledge of and is able to reflect on occupational-therapy examination methods, analysis methods, intervention methods and evaluation methods within health promotion, disease prevention, habilitation, rehabilitation and palliation,
- 5) possesses knowledge of health systems and is able to reflect on the role of the occupational therapist, on communication and on co-operation, as well as on devising coherent citizen and patient intervention,
- 6) possesses knowledge of, and is able to reflect on and argue for, the profession's use of information and communication technology, as well as on the importance of technology for activity and participation,
- 7) possesses knowledge of, and is able to understand and reflect on, targets set for citizens and patients, and is able to participate in inter-professional and inter-sectoral collaboration on treatment and intervention.
- 8) is able to identify and reflect on ethical issues,
- 9) possesses knowledge of creativity and is able to understand innovation as a method to change practice, and is familiar with implementation methodologies in relation to specific target groups,
- 10) possesses knowledge of, and is able to reflect on, the application of communication theories and methods and understand the communicative significance in relation to dialogue and forging relationships,
- 11) possesses knowledge of methods and standards for quality assurance, patient safety and quality enhancement, and is able to reflect on their use,
- 12) possesses knowledge of, and is able to reflect on, their own practice, as well as their profession's duties and responsibilities, in an organisational, administrative and social perspective and as part of the wider health service,
- 13) possesses knowledge of the priorities for deploying professional resources under the prevailing framework conditions in the health service,
- 14) possesses knowledge of, and is able to reflect on, the theory of science, research methods and models

for evaluation, quality assurance and quality enhancement, as well as relating this knowledge to research and development work in professional practice.

Skill

The graduate is able to:

- 1) assess the interplay between people, activity and environment in order to enable participation in everyday life and optimise health and the quality of life,
- 2) assess, justify and master occupational therapy and its methods in order to devise relevant solutions and courses of treatment in collaboration with the citizen and patient in relation to everyday life, health and quality of life, including assessing and disseminating knowledge of the therapeutic potential of the activities,
- 3) master the art of collaboration and partnership at individual and group level in relevant contexts and of assessing the importance of cultural beliefs, values and choices,
- 4) master management, coordination, guidance and advice in relevant contexts,
- 5) in collaboration with the citizen and patient, assess the need for activity in relation to health and quality of life and initiate occupational therapy intervention that supports and develops citizens' and patient's resources and the mastering of activity and participation,
- 6) assess and justify the examination, analysis, intervention and evaluation methods used in occupational therapy in health promotion, disease prevention, habilitation, rehabilitation and palliation,
- 7) master and apply situation-specific and professionally relevant communication, guidance and advice on the preparation and delivery in practice of occupational therapy and after-treatment, including in inter-professional practice,
- 8) master inter-professional and inter-sectoral collaboration in a range of types of citizen and patient interventions and contexts,
- 9) use professionally relevant information, communication and welfare technology which incorporates thinking about the citizen's own resources to the greatest possible extent,
- 10) use, assess and justify methods and described standards for quality assurance and enhancement,
- 11) master relevant study and working methods to search for, assess and interpret empirical evidence, theory and research methods, as well as to initiate and participate in innovation, development and research work.

Competencies

The graduate is able to:

- 1) independently enter into collaborations and assume responsibility for the evaluation and prioritisation of occupational therapy
- 2) work with complex, development-oriented situations in various contexts,
- 3) independently work with and structure methods of examination, analysis, intervention and evaluation used in occupational therapy in health promotion, disease prevention, habilitation, rehabilitation and palliation,
- 4) perform evidence-based practice,
- 5) independently participate in, and work with, the development and implementation of, and disseminate knowledge of, new technologies in various contexts in co-operation with relevant target groups and other stakeholders,
- 6) independently take part in the development and implementation of creative and innovative solutions to activity problems,
- 7) identify their own learning needs and continually develop their knowledge and skills,

- 8) independently identify their needs for academic development through participation in research, development and project work relevant to occupational therapy,
- 9) independently participate in occupational-therapy and inter-professional collaboration based on the importance of activity for health and quality of life and for citizens' and patients' opportunities for activity, participation and active citizenship,
- 10) assume responsibility for managing, organising and enhancing the quality of occupational therapy in an inter-professional context,

- 11) independently work with and communicate in various contexts, including in equal, dialogue-based and value-generating relationships with citizens, patients, relatives and inter-professional partners,
- 12) independently work with, take part in and coordinate inter-professional and inter-sectoral collaboration, and, on the basis of a holistic perspective, support citizens and patients as key, active stakeholders in the individual treatment and intervention.
- 13) work with, and assume responsibility for, technology, including information and communications and welfare technology, relevant to the profession in the relevant context,
- 14) work with, and assume responsibility for, quality assurance and enhancement,
- 15) demonstrate personal professional responsibility, and keep up-to-date by identifying and understanding their own learning processes and developmental needs.