Minimum Standards for the Education of Occupational Therapists

Revised 2016

![WFOT - World Federation of Occupational Therapists]

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Establishment of a Programme for the Education of Occupational Therapists 1958

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Overarching Purpose of These Educational Standards

The World Federation of Occupational Therapists (WFOT) Minimum Standards for the Education of Occupational Therapists (Revised 2016) are intended to both set a minimum standard for educational programmes in occupational therapy and to encourage continual quality assurance for development beyond the levels specified.

The Standards recognise the dynamic and organic nature of programme design as well as regional, national and international differences. Programmes may need to update goals, structure and content to address professional and educational developments required to advance the profession in an inter-professional and global context.

The intention of the Minimum Standards for the Education of Occupational Therapists is to advance human rights in global society by impacting the profession through the establishment of international standards similar to those of other international organisations, including the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) (please refer to the reference list). The WFOT Approval process and other key information, including the Accreditation option, are available within the WFOT Educational Programmes Quality Assurance Package. The Minimum Standards for the Education of Occupational Therapists are subsumed in many countries' national accreditation procedures.

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Preamble

The importance of the World Federation of Occupational Therapists' Minimum Standards for the Education of Occupational Therapists in the 21st Century.

The World Federation of Occupational Therapists (WFOT) Minimum Standards for the Education of Occupational Therapists have a long and influential history in the global development of the profession and the capacity building of health professional personnel. Since 1958, the Minimum Standards have shaped the global curriculum development of occupational therapy entry-level programmes. The responsibilities of the educational programmes exist at multiple levels. It has long been understood, that the preparation of occupational therapy practitioners at the micro level also must be infused with the macro level expectations of societies responsive to global, social, scientific, economic and political dynamics (Crabtree, Royeen & Mu, 2001). This context invites the profession to take the direction of promoting the profession's concerns with inclusion, diversity, justice and human rights in daily life due to: disability, poverty, abuse, violence, environmental disasters and other restricting conditions that call occupational therapists to engage in community capacity building and societal change beyond the individual.

The Minimum Standards content and the educational programme approval process along with the WFOT's monitoring of developments provide a global unifying approach to the curriculum development of quality entry-level programmes in occupational therapy. The curriculum design process encourages a strong emphasis on local context interpretation, while attending to the broader perspective of international practice.

The 60 year history of the Minimum Standards is exceptional for its international oversight of entry level health professional education. The Minimum Standards are a hallmark of quality assurance of "value added" education (Armstrong, 2011) in an ever growing environment, reflecting the neoliberal concepts of corporate models in higher education, bottom lines and "for profit" higher education, such as private universities and programmes. They form the structure of a quality assurance approach that includes international review, oversight and monitoring of the profession's global commitment to congruence with core professional and educational values and principles. The Minimum Standards and their longevity have been a strong influence in shaping the profession.

At the time of writing (2016), the profession is in a very different place compared with 2002. Rapid technological advancements in science

and education, as well as new research findings in the field of occupational therapy, demand greater attention to foundational knowledge in order to scaffold professional content and learning processes. The delivery of occupation-focused curricula that aim to focus practice on societal, community and individual needs, promotes the dynamic interchange of the principles of critical thinking, problem solving, evidence based practice, research and life-long learning. The Minimum Standards Revised (2016) are as much about educational processes as they are about content and context. Context, emphasized by the World Health Organization (WHO) (2009) is still as prominent in the 2016 revisions as it was in 2002. This context includes the emotional climates of learning and working environments and the geopolitical influences on higher education, health and social policies including the services derived from them. The preparation of entry-level occupational therapists to meet the challenges of the 21st Century requires modifications to learning experiences as well as new strategies to develop the knowledge, skills and attitudes (KSA) that are needed to achieve the necessary entry level competencies. These strategies underpin the acquisition and performance of the profession's identified core competencies that distinguish it within interdisciplinary teams and multisectoral initiatives thus advancing the understanding of the profession's domain and occupational focus.

The 2002 Minimum Standards content still forms a significant backbone of the progressive thinking that enables curriculum designers to interpret the content areas to meet the needs of the society they serve. The 2016 revision concentrates more on the richness and magnitude of global society; and, stresses that this richness enables the recognition of the many ways in which evidence is identified.

Occupational therapy's entry-level education must be anticipatory, not just responsive, to growing global health challenges. The profession's powerful client or patient focused approach at the micro level of direct service requires expansion with occupational therapists being involved in the creation of population-based programming to address health, social and educational aims. A biopsychosocial perspective is essential for dealing with the occupational performance issues of complex client situations and those associated with the co-morbidity of the non-communicable diseases escalating around the world. These developments coupled with the challenges that come with innovative systems approaches to global health, education and social services require more occupational therapists with advanced knowledge to be active in high level planning. The rigor of international entry-level educational experiences of occupational therapists must serve to attract students capable of academic achievement that prepares them for the

complexity of emerging practice. In the 21st Century, career paths in many areas beyond that of the front-line occupational therapy clinician require graduate and post-graduate degree credentials including research, administration and management positions in the health and social sectors (Brinkley, 2006). In this process we have worked with regulatory and professional organisations, national authorities, health services, educational institutions, development partners and the community (WHO, 2011a).

The changes in the Minimum Standards are stimulated in part through these world developments, knowledge advancement, input by WFOT groups and reinforced by respondents to the WFOT survey on the Minimum Standards for the Education of Occupational Therapists. Many of the responses suggested more explicit statements on requirements. Although there was the recognised value of choice and of the powerful need for contextual grounding, there were explicit statements that certain areas should be required in the curriculum content.

Some respondents raised quality assurance concerns regarding the present system. Beyond the need for specified curriculum content, mechanisms are required to ensure that the delivery of resources and the expertise are actually within the staffing of these programmes. Educators need to be forward thinking and be able to prepare graduates for the ever-changing work environment. They need credibility in the eyes of the students and society overall.

The 2016 Minimum Standards revisions speak to a broader view of education, one that not only looks at technical, clinical and professional skills but enhances leadership, adaptability and the soft skills that are identified as being absolutely essential within the 21st Century for advancement of all in knowledge based occupations (Gow and McDonald, 2000). These softer skills of communication, political awareness (Fortune, Ryan & Adamson, 2013), interpersonal relationships, affective sensitivity and awareness to change relate within the literature to the greater attention to interpersonal skills and enterprise in professional education.

The scope of what is known and will be known as work across multiple settings and cultures requires that occupational therapists provide services, educate the next generation of therapists and manage systems from local to global contexts (Wellesley Centers for Women, UN CRPD/DESA, 2008; ILO, 2015a); and, to be researchers creating and disseminating knowledge and leading with vision (WHO, 2013). The WFOT Minimum Standards for the Education of Occupational Therapists is a platform for all these career options.

Message from the President

It is with great pleasure that WFOT presents the WFOT Minimum Standards for the Education of Occupational Therapists (Revised 2016).

This document is the result of an extensive review process, coordinated by the WFOT Education International Review Team. The overall process included consultation with Member Organisations; WFOT Executive and Council; and key stakeholders internationally.

Occupational therapy is recognised by the World Health Organization (WHO) as a health profession[1] which is represented by the World Federation of Occupational Therapists (WFOT), a non-governmental organisation with official status with the United Nations. As an autonomous health profession occupational therapy has a major focus on the provision of equal opportunities for participation in society for people with disabilities. The embedding of human rights is a key feature of this version of the WFOT Minimum Standards for the Education of Occupational Therapists, reflecting in particular WFOT's commitment to support and promote the focus of the World Health Organization (WHO) on human rights in the international health agenda.

As members of health and social service teams, occupational therapists work together with other health professionals. Occupational therapy's unique body of knowledge on occupation is reflected in its domains of practice. Occupations are those purposeful activities of everyday living required by our existence, roles and environmental demands. Occupational therapy uses task analysis and environmental scans to ensure a "just right fit" with a person's capacity to enable achieving functional goals and participating in society. In achieving these ends, occupational therapists draw on clinical knowledge of medical conditions, foundational knowledge in psychology, sociology and the human sciences, the use of the self as a therapeutic agent in creating relationships and identifying motivating elements of patients/clients all the while using familiar and novel everyday activities as the vehicle for intervention.

Only qualified occupational therapists make decisions about occupational therapy services and the viability and portability of a profession is founded on a strong educational foundation based on standards that provide for international consistency and recognition of occupational therapy qualifications internationally. The Federation since its inception has provided Minimum Standards for the Education of Occupational Therapists (2002) (MSEOT)[2]. The Standards identify the essential knowledge, skills and attitudes for the competent practice of occupational therapy.

The looming crisis in health human resources[3,4] is well documented. Health human resource planners anticipate increased demand with a high degree of certainty for health workers[5]. The knowledge, skills and attitudes of occupational therapy positions it to significantly contribute to lessening the international impact of the growing burden of mental health issues (depression, anxiety and substance abuse), ageing populations, longer life of persons with non-communicative disorders and the effects of disability in these groups and through trauma. The outcomes of occupational therapy interventions demonstrate unequivocally the cost effectiveness of its services and increased participation in everyday life of its service recipients. The occupational therapist's expert knowledge is applied within an enabling person-centred context and through professional reasoning that accommodates developmental stages, embraces a holistic and dynamic perspective of the person, the occupation and the environment. This integrated practice approach is distinctive in the health professions and makes occupational therapy's contribution to rehabilitation, recovery and health so effective.

On behalf of WFOT I would like to personally thank everyone involved in this most recent review of the Minimum Standards for the Education of Occupational Therapists 2016. This could not have been achieved without the considerable commitment, time, expertise and diligence that they have all contributed to this review.

Marilyn Pattison

President

World Federation of Occupational Therapists

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4. Private Sector Task Force (2012). Health Workforce Innovation: Accelerating Private Sector Responses to the Human Resources for Health Crisis, Retrieved from http://www.who.int/workforcealliance/knowledge/resources/privatesectorhrh_report/en/
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Part 1: Introduction and Background

Introduction to the Minimum Standards for the Education of Occupational Therapists

The Minimum Standards for the Education of Occupational Therapists (Revised 2016) expands the perspective of the education of occupational therapists to prepare them for a global professional community.

It retains four distinct but interrelated purposes; three as stated in the 2002 version and the fourth (ethical) has been added. These are societal, professional, ethical and educational. In addition to these perspectives, the 2016 revision augments the professional sustainability focus in the preparation of health human resources for the global community and an expanded contribution of qualified health professionals to health and social systems (WHO, 2013). This is achieved through inclusion of content on:

1. Human Resources supply and demand as well as the promotion and preservation of the health and well-being of practitioners;
2. Health systems and policy across nation states and their impact on education and research;
3. Applications of occupational therapy models in the social sector in addressing occupational performance issues from a population and productivity perspective, and
4. Human Rights advocacy as a core principle across all areas of practice and in relation to disability issues and equitable access to all services.

Many of the new content areas impact on, but are frequently external to the direct service model addressing specific health and disability issues. The suggested content also reflects emerging areas of practice globally. As a global health and social human resource, the Minimum Standards for the Education of Occupational Therapists embrace universal considerations for all nations. The standards are the underpinning of the core domains distinguishing occupational therapy from other professions while strengthening the integrity of global professional Knowledge, Skills and Attitudes. A strength of the Minimum Standards for the Education of Occupational Therapists (2002) maintained in the revisions is the recognition of and respect for the local context. The 2016 Standards raise the bar in quality assurance. The "required" content deemed essential to the core domains of the occupation base of the profession is identified and made more specific.

Societal Purpose

The societal purpose of having Minimum Standards for the Education of Occupational Therapists is to:

- Make occupational therapy more visible, so that its contribution to people's health and well-being is recognised at international and national levels;
- Contribute to the effectiveness of tertiary education and improve health and social outcomes;
- Educate occupational therapists who are empowered and prepared as leaders to serve the daily life challenges encountered in populations and societies locally and globally;
- Advance social participation, health, wellness and social inclusion globally with knowledge and practices that address the social determinants of health and occupational justice, beyond education on bodily dysfunction;
- Address the particular occupational needs of societies for accessible, acceptable, good quality and inclusive services in health, education, employment, housing, transportation, welfare and other systems;
- Reach out proactively to partner with communities and other stakeholders to develop services and funding sources to help populations, communities and individuals to live well, particularly those who struggle with addictions, chronic disease, developmental challenges, disability, old age, ethnic oppression, poverty and other social challenges that limit their participation, as valued and respected citizens, in necessary and desired occupations;
- Contribute to building a more peaceful, prosperous and just world by addressing the profession's responsibility to uphold the principles of dignity, equality and equity (UNESCO, 2000) in all matters relating to social participation, health, well-being and inclusion;
- Participate in introductory level research on occupation, social participation, health, wellness, human rights, inclusion and the 'enablement' of populations, communities and individuals through professional engagement.

These purposes demand that occupational therapy education is constantly updated to address the changing conditions and expectations in the society it serves and that regional and national differences are acknowledged within local programme while meeting a defined standard.

Professional Purpose

The professional purpose of the Minimum Standards is to promote the consistency and quality of occupational therapy entry–level practice internationally. This purpose has a number of aspects:

- Strengthening the community of occupational therapists internationally by promoting a shared understanding, experience and language of occupational therapy education;
- Fostering international research on occupation, occupational therapy education and occupational therapy services and practice;
- Meet the expectations of society for quality health and societal services;
- Supporting the development of occupational therapy in countries where it is not yet established;
- Make occupational therapy more visible, so that its contribution to peoples' health and well-being is recognised at international and national levels;
- Facilitating the international exchange of knowledge, faculty and students between programmes;
- Facilitating the international mobility of qualified occupational therapists;
- Recognising and integrating the foundational ethical framework that guides the occupational therapy profession.

Educational Purpose

The educational purpose of the Minimum Standards is to:

- Guide the planning of new educational programmes that will achieve and maintain WFOT Approved and/or Accredited status;
- Support occupational therapy educational programme development within higher education institutions;
- Provide a baseline for monitoring whether established programmes continue to meet the Minimum Standards;
- Stimulate the continuous quality development of existing educational programmes through a process of self-evaluation and peer review;
- Produce graduates skilled in using information and communication technology to access current theories, research findings, evidence and in appraising their effectiveness and value;
- Promote graduates' commitment to lifelong learning;
- Produce graduates who are academically ready to enter further education;
- Produce graduates with a strong sense of social justice plus the capability and desire to be global citizens;
- Promote the espousal and enactment of professional personae that embrace the ethical tenets of the profession.

Purpose of the Minimum Standards within WFOT

The intention of the Minimum Standards for the Education of Occupational Therapists is to impact the profession through the establishment and maintenance of international standards. The WFOT Approval

process and other key information, including the Accreditation option, are available within the WFOT Educational Programmes Quality Assurance Package (EQAP).

Having an educational programme that has been approved/ accredited as meeting the WFOT Minimum Standards for the Education of Occupational Therapists is a hallmark of an advancing profession, and prerequisite for countries applying for full membership of the WFOT. The Minimum Standards is one part of the WFOT Educational Programmes Quality Assurance Package (EQAP). The latter addresses the development of entry-level education of practitioners, the preparation of the submission for WFOT review applications for Approval or Accreditation, the monitoring and re-approval process as an integrated process in international monitoring and evaluation of education.

Accreditation

Accreditation is a voluntary option for which Member Organisations are able to apply. A definition and overview will be provided here, and full details of the process can be found in the WFOT Educational Programmes Quality Assurance Package (EQAP).

Accreditation is intended to provide credibility to programmes seeking an enhanced quality profile for government recognition, student and faculty recruitment as well as

evidence of a programme's quality when applying for expansion and research funding. This option is of particular value to those Member Organisations with no governmental processes in place to provide a sense of programme quality. However, those Member Organisations that have a mandated government process in place may still wish to pursue the WFOT Accreditation option in order to obtain a heightened recognition within the profession internationally.

In addition to state quality assurance processes of a specific institution, some professional academic programmes in professional fields are subject to accreditation by professional bodies at the regional or national levels. Whereas state accreditation will tend to measure performance based on more generic standards, professional bodies review programmes from a specific professional perspective to ensure that the content of programmes at higher education institutions, teaching resources, research outputs and graduate outcomes are of consistently high quality to meet competency expectations and to support future professionals in their area of expertise.

International Context of Health Professional Education

Since 2002 a number of additional international documents have become available to address the projected health trends and the current global needs of human resources in health and models of education (WHO, 2013 & 2008; UNESCO, 2011; OECD, 2011). They provide an international context for the development of these revised Standards as part of the literature on advanced and higher education in health and other professions. Overall the international literature and the experiences of WFOT Member Organisations have all guided the direction and development of the 2016 Revisions of the Minimum Standards for the Education of Occupational Therapists. The richness of information contained within such documents cannot be overstated and can be seen as a wealth of knowledge for those pursuing a social change agenda as well as those developing curricula.

Health and Societal Perspectives

The Declaration of Alma-Ata (WHO, 1978) and the Ottawa Charter (WHO, 1986) are significant in relation to the WFOT Minimum Standards for the Education of Occupational Therapists for their societal perspective on health, and their call for health professionals to reorient health services beyond the provision of clinical and curative services

toward the pursuit of health. Accordingly, these Standards have been written to encompass educational programmes that address the potential to build healthy communities through a focus on occupation as a risk factor for ill health; occupation as a means to achieve health and well-being, and occupational participation as the ends or outcome of occupational therapy service provision (WHO, 2008).

Various United Nations documents were influential in emphasising the shift away from individual medical perspectives of health to a vision of population health [for all people] and a developmental approach to health and well-being issues. From this perspective, health is not only described in medical terms. Health is also recognised as having social and psychological dimensions, and as something all people should be able to achieve regardless of their race, sex, colour, language, political orientation or other personal factors. The United Nations (1982) World Programme of Action Concerning Disabled Persons and the Resolution on Standard Rules of the Equalisation of Opportunities for Persons with Disabilities (United Nations, 1993) address community development and health promotion issues and propose strategies for the equalisation of opportunities for people with disability, and the achievement of their full participation in all aspects of social and economic life. In addition, the Convention on the Rights of the Child (United Nations,

2002) addresses children's involvement in armed conflict, sale of children, child prostitution and child pornography. The World Report on Disability (WHO, 2011b) is a seminal document, which for the first time provides statistics and scientific evidence on disability. It further documents the impact of the interaction of environmental and social factors, which contribute to barriers to or facilitation of participation of persons with disability in society. In combination, these documents point to the fact that some people need, for shorter or longer periods of time, special support from health professionals including occupational therapists. These ideas are captured by the inclusion of socially orientated approaches within the Minimum Standards.

A further influential document is the World Health Organization's (2001) International Classification of Functioning, Disability and Health (ICF), which addresses both the components of health and the environmental contexts of health. The ICF is a system for categorising the personal and social outcomes of health conditions on people's participation in all areas of life. Key concepts from the ICF that are utilised in this document are health conditions, body structures and functions, (which encompass normal anatomical, physiological and psychological aspects of human beings), activity, participation and environment.

From the perspective of the ICF, the focus of occupational therapy might be summarised as:

- The relationship between health and well-being and people's participation in self-care and domestic activities; interpersonal interactions and relationships; major life areas including education, work and leisure; and in community, social and civic occupations, and
- The environmental factors that support or impede participation in those occupations.

Economic and societal participation

Occupational therapists have a long association with operationalising programmes related to productivity goals and are a resource for many communities in planning community development strategies with an economic focus.

Globalisation and greater mobility of workers and markets create opportunities for many individuals who are marginalised by any number of factors including people with disability. Economic up and downturns can result in occupational performance issues for citizens previously thought to be self-sufficient and able to support themselves and their families.

Work is central to people's well-being. In

addition to providing income, work can pave the way for broader social and economic advancement, strengthening individuals, their families and communities. Such progress, however, hinges on work that is decent. Decent work sums up the aspirations of people in their working lives (ILO, 2015b; United Nations, 2015).

Human resources planning and provision are major global concerns that have grown since the 2002 Minimum Standards for the Education of Occupational Therapists revisions. Priority areas include Mental Health, Non-Communicable Diseases and Healthy Ageing and their resulting impact on function and secondary disabilities over the extended life course. The impact of globalisation is to recognise that occupational therapists' practice can focus on economic occupational performance issues that reflect societal and cultural differences of the collective. Awareness of these emerging trends is vital to the continuing development and delivery of quality occupational therapy educational programmes. There is a need to ensure ethical international recruitment and enhanced awareness of global mobility of human resources.

International Educational Perspectives

Education is strategic for achieving economic development and a more just and integrated society (WHO, 2011a). International educational perspectives can be gained through direct international experience. However, similar experiences can be gained through the encouragement of students' exposure to vulnerable populations at risk of occupational deprivation or alienation and community capacity building.

The UNESCO document Policy Paper for Change and Development in Higher Education (1995) proposed three watchwords for higher education - relevance, quality and internationalisation. Accordingly, the revised Minimum Standards highlight that educational programmes for occupational therapists need to:

- Be relevant to the local context;
- Have mechanisms to continually improve the quality of the programme, and
- Have strong and on-going links to the international occupational therapy community including practice, education and research.

UNESCO's 1998 World Declaration on Higher Education for the Twenty-First Century: Vision and Action emphasises issues of equality of access to higher education. In particular it stresses that participation in higher education by members of special target groups such as indigenous peoples, cultural and linguistic minorities, disadvantaged groups, people living under repressive regimes and those with disabilities must be actively facilitated.

This document also stresses the social responsibilities of graduates of higher education programmes. UNESCO has also highlighted the need for transferability of skills and that health professionals need to respect diversity and difference. These aspects are reflected in the skill and attitude statements in the WFOT Minimum Standards relative to students admitted to educational programmes.

The World Health Organization's (1993) report Increasing the Relevance of Education for Health Professionals emphasises that educational programmes need to:

- Be relevant to social and community concerns, as well as the prevailing health needs and priorities, and to;
- Increasingly advocate for healthy behaviour in the population.

To achieve this, the WHO Report (1993) suggests that it is necessary to:
- Define the population who will be the recipients of the health service;
- Determine what their health related problems are;
- Ensure that the educational programme responds to the identified problems, and;
- Monitor the effectiveness of graduates of the programme in addressing the problems.

In addition, the report recommends that representatives from the community be involved in identifying problems and evaluating results, including the satisfaction of recipients with the health care they received. According to the WHO Report (1993), the outcome required of educational programmes is to produce graduates who:

- Are able to retain and apply information;
- Search for and manage information;
- Have enhanced critical reasoning skills, and;
- Have the ability to promote teamwork.

The World Report on Disability (WHO, 2011b) brings a current analysis to the literature, building on earlier documents and resources. Key recommendations of the Report include:

- Involving people with disability in decision making, service developments and research;
- Raise public awareness of disability;
- Strengthen and support research on disability;
- The overwhelming central message of the Report is that of inclusion and universal access.

Influential Occupational Therapy

Educational Documents and other health professional resources.

A number of documents have been particularly useful in the development of the ideas, structure, content and language used in the Minimum Standards for the Education of Occupational Therapists document.These were:

- Occupational Therapy Education in Europe: Curriculum Guidelines (ENOTHE, 2000), which is consistent with the Bologna Declaration (The European Higher Education Area, 1999).

- The Canadian Association of Occupational Therapists Academic Accreditation Standards and Self-Study Guide (CAOT, 2011).

- The ASEAN Qualifications Reference Framework (AQRF).

- The Higher Education Academy, UK

- Transformative scale up of health professional education, (WHO, 2011a)

Part 2: Occupational Therapy Educational Programmes

An Overview

In Part 2 of this document, the international and local contexts of occupational therapy educational programmes are described; this is the starting point for the design and on-going development of all educational programmes. In addition, areas of essential knowledge, skills and attitudes for competent occupational therapy practice are described. Increasingly, occupational therapists provide services in a variety of settings and environments outside traditional health facilities all of which influence professional applications and require systems knowledge.

To ensure that the design and delivery of occupational therapy educational programmes are consistent with the internationally agreed commitments of the profession, the Position Statements available on the WFOT website can be consulted [See the Resource Centre at http://www.wfot.org]. Those with specific reference to education, societal change, inclusion and diversity are:

- Diversity and Culture 2010
- Environmental Sustainability: Sustainable Practice within Occupational Therapy 2012
- Human Displacement 2012, revised 2014
- Human Rights 2006
- Inclusive Occupational Therapy Education 2008
- Occupational Science 2005, revised 2012
- Universal Design 2012
- Vocational Rehabilitation 2012
- Ethics, Sustainability and Global Experiences 2016
- Occupational Therapy in Disaster Risk Reduction (DRR) 2016
- Use of Social Media 2016

Occupational therapy practice

The populations served by the profession belong to all socio economic levels and are at all stages of the developmental continuum. A broader understanding of social justice is required for the 21st century, which speaks strongly to advocacy beyond the needs of the marginalised, dispossessed and persons who are disadvantaged significantly due to causes such as life-long disabilities.   Equitable access to occupational therapy and other mitigating services are issues for rural   citizens, those lacking independence in transportation and the growing numbers of the well elderly. Students require exposure to macro (system) level analysis of their respective communities to develop the specific tools to identify, plan, cost, market, obtain funding for needed pro-

gramming through a proposal development process and develop the service. The profession's client centeredness must operate at both a meso (institutional) and macro level to affect change through direct interventions. In all areas of the world, the cost of health care is a major societal consideration. A powerful advocacy tool would demonstrate the efficacy and cost effectiveness of occupational therapy's contributions to the health, social and education sectors.

The Minimum Standards for the components of an educational programme to move students entering the programme to a graduate level of performance are described in Part 3 of this document. The relationships between international perspectives and local contexts, the educational programme, and students' knowledge, skills and attitudes are presented in Figure 1.

For definitions of key terminology used in this document, see the glossary.

International Health, Social & Education Perspectives

Several of the documents identified as influential in the development of the WFOT Minimum Standards for the Education of Occupational Therapists (Revised 2016) are equally important in relation to occupational therapy practice. A multitude of other

International Health, Social and Education Perspectives

Local Contexts **Educational Programmes** **Graduates**

FIGURE 1: OVERVIEW OF AN OCCUPATIONAL THERAPY PROGRAMME
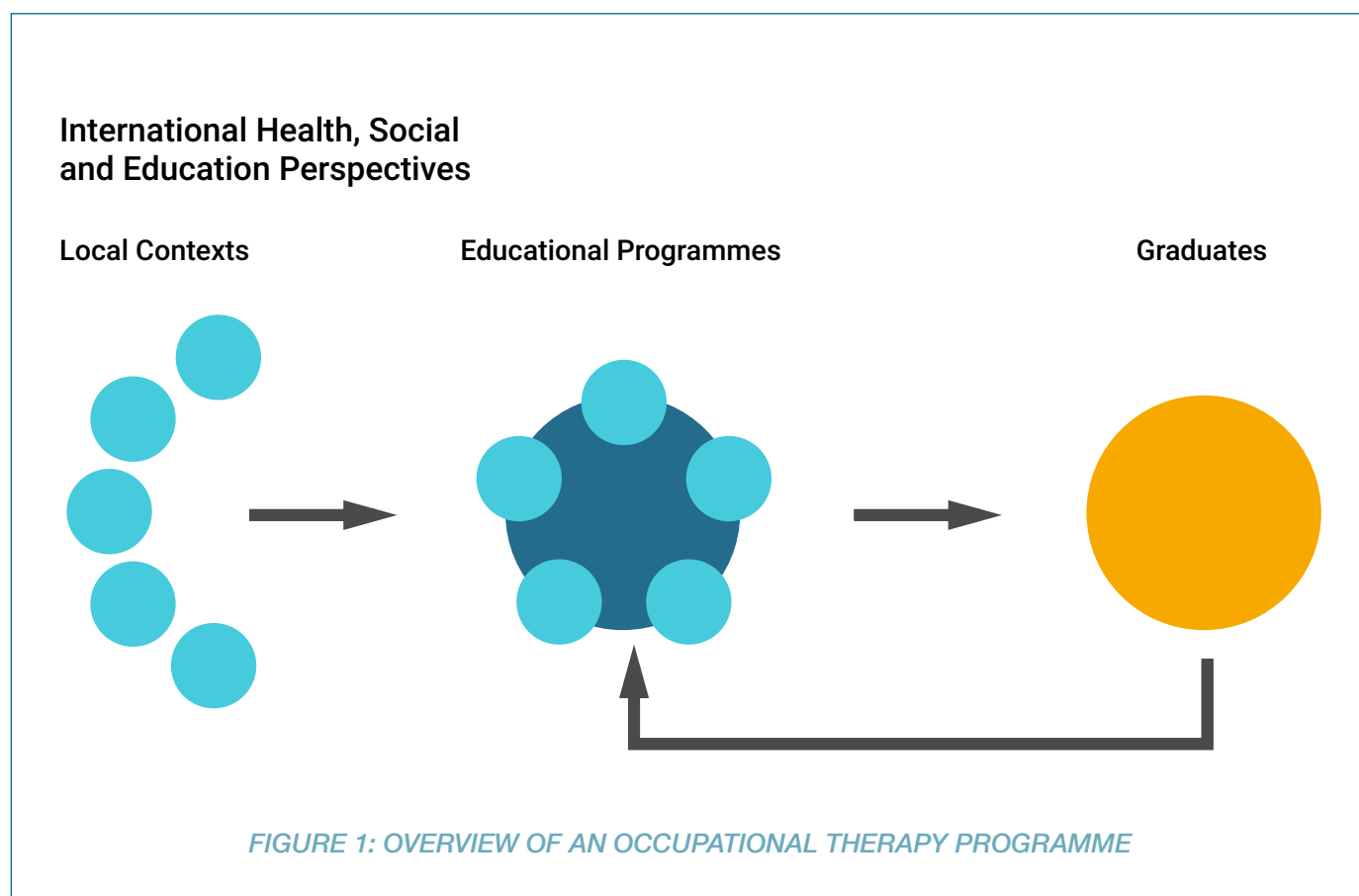
documents, such as the WHO Declaration on Occupational Health for All (1994), plus documents produced by the International Labour Organization and various other organisations address health, well-being and occupational issues at an international level that influence practice contexts. Please refer to the reference list for information on accessing these documents. There is also a resource file available that contains many of the full versions of these documents available on the WFOT website.

The WHO and UNESCO highlight the role of health professional education programmes in ensuring safe and competent practice. They assert that all health professionals' practice must be:

1. Relevant to the local , national and international context of practice;
2. Informed by an understanding of the knowledge applied globally, as well as having clarity about global expectations and standards;
3. Effective in addressing the health needs of the population through safe, competent and ethical practice;
4. Attentive to ethical practice, injustice and human rights issues.

Accordingly, the WFOT Minimum Standards for the Education of Occupational Therapists (Revised 2016) emphasise both local and international perspectives.

Local Contexts of the Occupational Therapy Educational Programme

The term "local context" refers to a geographical area, such as a whole country, state or distinct political region, that has a characteristic range of health and societal needs, cultural backgrounds, and health and social systems. The aspects of the local context that are relevant to occupational therapy practice are:

• The philosophy and practices of the governments shaping health and social service access and policies;
• The demographics of populations;
• The political and economic environments;
• The local health, social and education needs;
• The local occupations that contribute to health conditions as well as those that are health promoting;
• The local health, social, disability, education, employment, justice, and arts and culture sectors with whom and where occupational therapists may work;
• The legislation that governs the manner in which occupational therapists work, including locally relevant ways of promoting the development of new occupational therapy services;
• The local occupational therapy history and legacy.

All of these aspects of the context are culturally relative. Culture influences beliefs about the relative importance of various health

conditions or threats to health and well-being, as well as perceptions about whether occupational therapy will be helpful. In addition, cultural beliefs influence local understandings about the relationships between occupation, health conditions and physical, mental, social and spiritual health and well-being, and therefore influence what occupations are perceived as harming or helping people. The services existing within any society are an essential part of the culture of the governing legislation and perceptions of personal and social responsibility for health and well-being.

The individuals who design an occupational therapy curriculum and those who educate occupational therapy students need to be well informed of the external forces shaping their opportunities and resources. The development process requires a systems perspective to understand and interpret the local health and social needs, occupations, services, current legislation and funding sources. These factors can impact on the programme's ability to ensure that by the time students complete the programme, they have relevant knowledge, skills and attitudes for effective practice. In addition, the curriculum designers and educators need to understand the social and educational background of students entering the programme including:

• The educational methodologies with which the students are familiar, that consequently facilitate their learning best, and there-

fore what educational strategies will be necessary to develop the knowledge, skills and attitudes specified for occupational therapists who have successfully completed the programme;

• The incoming students' pre-existing knowledge, skills and attitudes. This defines the starting point of the educational process, and;

• The demands of external roles of adult students which may include worker, spouse, parent.

Knowledge of the local context and the incoming students forms the starting point from which to develop an educational programme for occupational therapists (see Figure 1). Monitoring systems can be put into place so that a programme can be updated as the local health needs, occupations, services, legislation and student knowledge, skills and attitudes change over time or more quickly as a result of environmental, political and economic events.

Philosophy and Purpose of the Programme

Programmes for the education of occupational therapists are guided by a unique philosophical understanding of occupation, derived from a unique mix of international and local perspectives and understandings. Global perspectives address the shared understandings of occupational therapists internationally, while local perspectives ad-

dress relevance within the context of the programme. The programme's philosophical understanding of occupation may include:

- The nature and meaning of occupation
- The occupational nature of humans
- The kinds of problems and satisfactions people experience in relation to participating in occupation
- Cultural understandings about how problems with participation in occupation might be addressed and how the experience or outcomes of participation might be enhanced.

The purpose of the educational programme refers to the kinds of work the graduates are primarily being prepared to do, and the range of settings within which they are expected to be able to work. For example:

- Individual approaches such as treatment, habilitation, rehabilitation, life style redesign, return to work programmes, specific skill development;
- Community or group approaches such as health promotion, community development, community based rehabilitation (CBR), injury prevention, environmental design, disaster preparation and recovery (DPR);
- Population approaches such as primary health care, health promotion and universal design.

The philosophy and purpose are central to the educational programme and guide all aspects of the programme design, development and delivery.

The programme philosophy is influenced by the specific higher education institution, student feedback, discussions with colleagues, patients, clients, family, community and literature exploring adult learning and higher education.

The philosophy has two elements: i) guidance for defining and delivering the curriculum content and ii) information for shaping continuing professional development. These components influence the forms of experiences in the occupational therapy educational process from graduate to post graduate and throughout professional practice, as well as identified and expected outcomes.

Components of the Educational Programme:
The following content applies to teacher and learner centred experiences, both constructed and naturalistic.

In the same way that using occupation to promote people's health and well-being is the distinctive element of occupational therapy, occupation is central to all programmes for the education of occupational therapists. All aspects of the programme, including curricula content and process, and students' experiences within the programme, are informed by an occupational perspective.

Within this focus on occupation, specific programmes for the education of occupational therapists will address a unique blend of occupational concerns, depending on the predominant local health and well-being needs that occupational therapists that have completed the programme are able to address. Depending on what these needs are, a programme may place appropriate emphasis on addressing the impact of health conditions on participation, modifying occupational lifestyles to promote health and well-being, or addressing health risks that arise from socio-political forces that disrupt participation in occupation such as war, extreme poverty, homelessness, cultural alienation, limited access to employment and natural disasters. The specific view of occupation and the blend of occupational concerns addressed by the programme will be described in the programme philosophy and purpose.

Regardless of these local differences, all programmes for the education of occupational therapists will include five components, all of which will be developed to be consistent with the programme philosophy and purpose. These are:
• Curriculum content and sequence
• Educational methods
• Practice placements (fieldwork)
• Expertise of educators
• Educational resources and facilities.

A detailed description of these five components of educational programmes can be found in Part 3 of the document. Of primary importance is that the programme forms a coherent whole and that students' educational experiences lead progressively to the development of the identified graduate entry-level expectations.

This demands that:
• Each component of the programme fits well with every other component
• Each aspect has sufficient depth and breadth to support student learning
• The programme has a balance of local and international knowledge and expertise, and
• Mechanisms are in place to ensure the on-going improvement of all five components of the programme in response to contextual shifts and changes.

The essential issue here is how plausible it is that the educational programme described will transform the incoming students into graduates with the described knowledge, skills and attitudes, and whether their specific knowledge, skills and attitudes will equip them to address the local health and wellness needs effectively. Inclusion of international knowledge addresses the goal of ensuring the consistency and quality of occupational therapy around the world. Inclusion of local knowledge and expertise addresses whether the skills of therapists who complete the programme are relevant in the local context.

Each programme will need to find its own balance between local and international influences.

Essential Knowledge, Skills and Attitudes for Competent Practice

The particular knowledge, skills and attitudes of occupational therapists that complete the programme depend on the local health needs they have been prepared to address. However, all occupational therapists are expected to have substantial knowledge, skill and attitudes within the following five areas:

- The person-occupation-environment relationships and the relationship of occupation to health and well-being
- Therapeutic and professional relationships
- An occupational therapy process encompassing collaborative, people-centred, occupation focused processes
- Professional reasoning and behaviour
- The context of professional practice.

Feedback on Graduates' Performance

As WHO (2011a) reminds us, all educational programmes that prepare health professionals for practice have a responsibility to monitor the effectiveness of their graduates in meeting local health needs. This includes how successful they are in working within the local health, disability and social services for which they have been prepared. Information

gained about how newly qualified therapists perform informs the on-going development of the educational programme so that its effectiveness improves over time; and described knowledge, skills and attitudes of therapists who complete the programme are modified as the local health, disability and social service needs change.
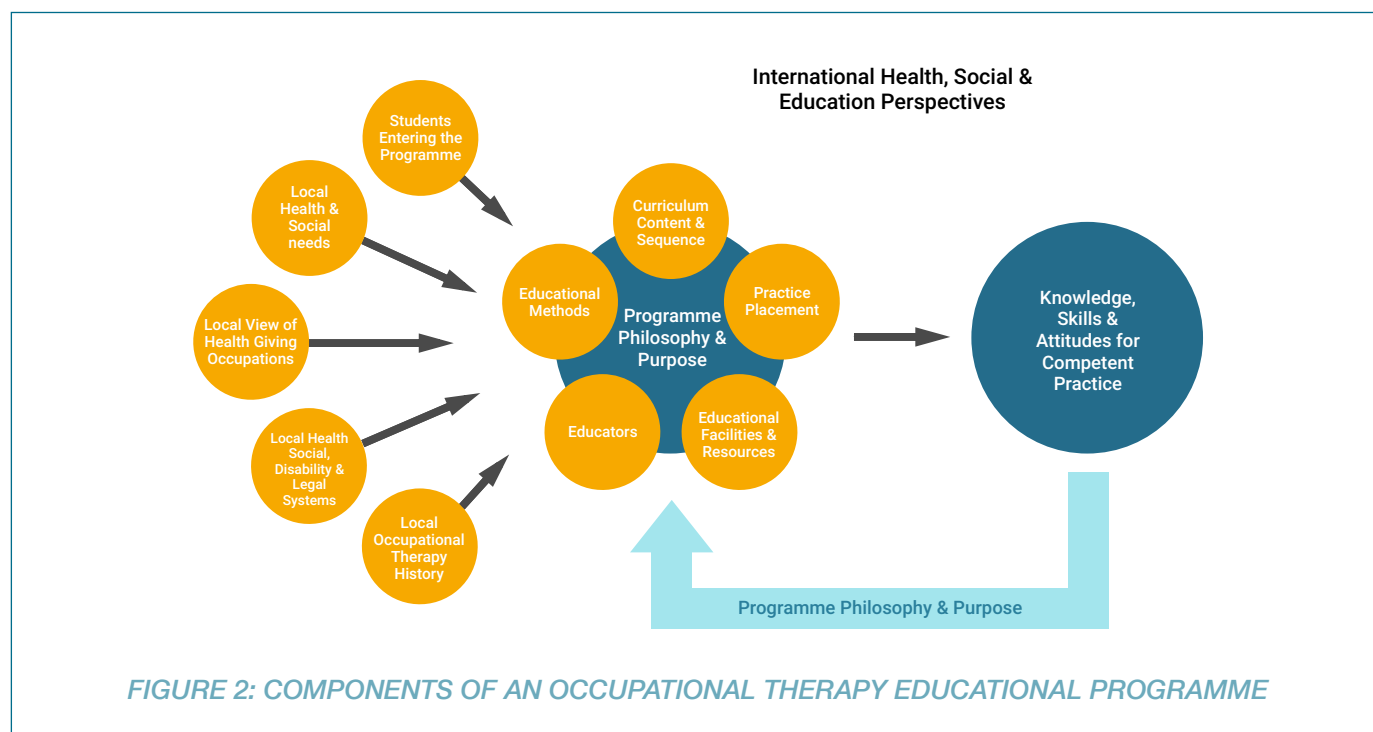
International Context of Health Professional Education

Knowledge of the local context is vital to the development of an occupational therapy educational programme. Occupational therapists working in different contexts make different contributions to society, depending on the predominant health and societal needs, and the sectors within which they work (e.g. health, social service, employment, education, arts and culture, justice). The contribution occupational therapy makes to that society determines what information needs to be collected to inform the design of a curriculum.

The local context includes the extent to which occupational therapy is understood and welcomed within the society, including governmental support for the profession. It also includes how occupational therapy was originally introduced in that country, and how it has been developed over time.

Five aspects of the local context influence what needs to be taught in an occupational

therapy educational programme in order to produce graduates who have the knowledge, skills and attitudes (described in the next section) and how it is taught. These factors are identified in Figure 2 and described in the discussion below.

FIGURE 2: COMPONENTS OF AN OCCUPATIONAL THERAPY EDUCATIONAL PROGRAMME

Students Entering the Programme

Of primary importance is that students entering an educational programme for occupational therapists have the ability to complete the programme successfully. This requires that students entering a programme will have successfully completed secondary education, or equivalent, prior to entry. Admission requirements need to be of a high standard and meet local requirements. Where possible, programmes will create opportunities to encourage applications from students of under-represented sectors of the local population and put supports in place to ensure their success.

The specific information the programme administration needs to consider includes:

- Evidence of successful completion of secondary education at a level that would enable the prospective student to gain entry to and be successful in a tertiary education programme considered equivalent to the occupational therapy educational programme.
- The predominant educational methods with which the entering students are familiar and that best facilitate their learning. These will influence the educational strategies selected to support students' learning and to develop the

described graduate knowledge, skills (including cognitive skills) and attitudes.

- The demographics of the entering students (i.e. gender, social status, ethnicity) and how that compares to the potential recipients of occupational therapy. Ideally, the demographics of students will match the demographics of the population.
- Language(s) spoken by the students from childhood as well as those learned over time.

Information that may influence graduate's eligibility to practice, such as local requirements for registration may also be collected, or applicants may be advised of any limitations on eligibility for registration. Applicant's age on application is not necessarily an important selection criterion, except where it may influence eligibility for registration on graduation. Factors such as race, gender, language, religion, disability or other social or cultural distinctions cannot influence student selection; therefore, no discrimination will be accepted. Competence in the language of instruction is a requirement.

Local Health and Social Needs

Consistent with the WHO, knowledge of social and community issues and goals, and prevailing health and societal issues are considered essential. Programmes need to gather systematically:

- Available information about local health and societal needs, including trends in health and well-being
- Epidemiological data, such as infant morbidity, average life course, primary causes of health conditions
- Identified threats to health and societal need, and factors that influence health status and participation
- Information about discrepancies in the health status of different groups in society.

This information will inform the selection of curricula content, the mix of knowledge and expertise required within the group of educators, and the required teaching materials. It will also inform the programme about the links with the community that will need to be developed in order to gain access to clients, local expertise and relevant practice placements.

Local Health, Societal, Disability, Educational and Legal Systems

These educational standards previously were developed to ensure the preparation of professionals who would have positive impact on clients and their needs. Other required perspectives to prepare professionals for the 21st century have emerged and include: the impact of the former on accessing occupational therapy services, human resource and capacity building, the profession's contributions to planning and

development of services and models, plus more integrated systems approaches, for example, primary health care.

The knowledge required in relation to local systems will include:

- The national health, community and wellness goals and priorities
- Those aspects of the legislative system relevant to all areas of occupational therapy practice including health, health systems, and the regulation of health professionals including occupational therapists
- Structures and organisations, such as the public and private health services, disability services, non-government organisations, private practice, community development and community based rehabilitation agencies, primary health care strategies, health education strategies and self-help strategies
- Relevant information about housing, employment, education, arts and culture sectors and justice systems
- The health funding system including health insurance systems, health promotion funding, and community development funding.

This information informs the content of the curriculum including specific legislation and government policies, the required mix of knowledge and expertise of the educators, and the links with services and organisations that need to be established.

Local Health Giving Occupations

An understanding of the local beliefs, values and meaning of occupation will inform how occupational therapists use occupation in the local context. The ways occupation is used may include:

- As a tool to enhance well-being or restore health;
- As a tool for social and community development, bridging the gap between disadvantage, deprivation and potential;
- Describing the goal(s) of occupational therapy intervention;
- As a way of assessing what is interrupting an individual's occupational performance or how their environment supports or impedes participation in occupation;
- As the focus for influencing health and social policies and legislation;
- As a structural force shaping daily life options and limits, as in national occupational categories that structure jobs, income, status.

All occupational therapy educational programmes incorporate knowledge of the local occupations that are part of people's everyday lives. This knowledge includes how local occupations contribute to health and how occupation may be a source of ill health.

This ensures that the occupations taught within the programme, used therapeutically and identified as goals are culturally, economically, age, and gender appropriate to the recipients of occupational therapy.

Local Occupational Therapy History

Knowledge of the history, national and international, of occupational therapy both honours what has gone before, and provides a context of appreciating how contemporary practice is the same and different from previous practice. This knowledge may include:

- The pioneers of the profession and how they established the place and status of occupational therapy in the society; this includes milestones and turning points that provide insights into the growth of the profession;
- How occupational therapy has been perceived and welcomed;
- Legislative status and recognition of the profession, including registration of occupational therapists;
- Established alliances with government and non-government sector;
- Services established by occupational therapists;
- Theories that guide practice, past and present;
- Types of interventions provided by occupational therapists, currently and in

the past;
- Establishment and role of the occupational therapy association;
- History within the educational sector.

This knowledge will inform the programme about local occupational therapy resources, possible lecturers and practice placements, and helps to shape the range of local roles and identity of occupational therapists.

Essential Knowledge, Skills & Attitudes (KSA) for Competent Practice

This section describes the knowledge, skills and attitudes of graduates of occupational therapy educational programmes, where the term graduate refers to students who have successfully completed an entry-level occupational therapy educational programme, regardless of their qualification. Six areas of competence are described. These are:

- The person-occupation-environment relationship and its relationship to health
- Therapeutic and professional relationships
- An occupational therapy process
- Professional reasoning and behaviour
- The context of professional practice
- The application of evidence to ensure best practice.

Graduates of WFOT approved educational programmes will have knowledge, skills and attitudes in all of these five areas. However,

the particular knowledge, skills and attitudes developed by graduates of a specific occupational therapy programme will be determined by:

- The nature of the local health and societal needs
- The local health, social, disability and legislative systems
- Locally relevant occupations
- The programme philosophy and purpose.

Foundational knowledge refers to the expectations of content knowledge with which students enter the professional programme such as human anatomy, neurology, sociology and other humanities and sciences. This expectation can be met through varying strategies that may include: following in-country precedents; maximising inter-professional learning whilst ensuring specific occupational therapy professional KSAs; identifying courses that are pre-requisite to entry.

Note: The comments in italics after knowledge, skill and attitude statements are given as examples. They are not a complete list of what students might learn. As institutions develop their curricula this is the opportunity to add content areas and strategies of local relevance and application.

FIGURE 3: ESSENTIAL AREAS OF KNOWLEDGE, SKILLS AND ATTITUDES FOR COMPETENT PRACTICE AT THE GRADUATE LEVEL

The Person -Environment-Occupation (PEO) Relationship & its Relationship to Health, Well-being and Human Rights

Person

This section is about graduates' knowledge of people, their skills in working with people, and their attitudes towards people. It includes the graduate's:

Knowledge of theories and research findings about:

- People as occupational beings
- Feelings about, reflections on, and interpretation of past, present and future participation in occupation
- The relationship of social determinants

of health (SDH) and early childhood experience on human development and the capacity to participate in occupations

- The relationship between occupation and human development over the life course
  - Occupational deprivation, disruption, alienation, marginalization, exclusion
  - Healthy ageing
  - Life transitions including going to school or university, meeting life partner, being bereaved, retiring from work-life
  - Occupational injustice
- The relationship between psychological, social and economic factors and occupation
  - Stress
  - Coping with realities, contingencies and innovations
  - Adjustment to life changes including disability, societal disruption, natural or man-made disaster, displacement
  - Challenges to human rights
- The relationship between body structures and function, as defined in the ICF, and human capacity to participate in occupation
- The experience and expression of personal meaning through occupation
  - Spirituality
  - Realising personal choice
  - Note: person or client does not necessarily connote an individual; client can refer to family, groups, communities, agencies, and government
- How changes or challenges to body structure and function, the course of development, social or cultural disruption, or the personal meaning of occupation may alter people's participation in occupation or their experience of participation
- How to manage disruption to body structure or function to preserve the potential to participate in occupation
  - Theories such as biomechanics and psychosocial coping, and principles for interventions such as splinting, management of muscle tone, joint integrity, pressure garments, seating systems to maintain posture or reduce the effects of pressure
  - Early childhood experiences of trauma, abuse and neglect with life-long relational consequence such as attachment disorders, post-traumatic stress disorder (PTSD) and emotional deregulation
  - Early identification and functional interventions focusing on somatosensory stimulation and performance mechanisms mitigating early developmental and environmental factors impacting negatively on behaviour and learning.

Skills in:

- Assessing personal factors that affect participation
  - *Community participatory skills in*

ensuring participation

- *Contributing to community planning*
- *Enabling of environmental support for participation*
- *Inter-sectoral collaboration in public health initiatives*

• Applying theories, principles and research findings to provide occupational therapy for individuals, organisations or communities

Attitudes about the value of every person and people's ability to adapt and change.

Environment

This section is about the graduate's knowledge of the environment, and their skills in analysing and modifying environments to promote participation, and their attitudes about environmental issues. It includes the graduate's:

Knowledge about:
• The climate of human rights protection for persons with disability, those disadvantaged by socioeconomic conditions and marginalised by their health or social circumstances
  - Equitable access to services, legal representation within institution   and protection of human rights
  - Missions, roles and actions of non-governmental (NGO) agencies as service providers

• How aspects of the social, political and cultural environment, such as family, friends, members of the community, non-governmental organisations (NGOs), employers, teachers affect people's participation in occupation; for example:
  - racism
  - social stigma
  - occupational justice
  - diversity
• How resources in the environment such as the design of buildings, town planning, transport, and playgrounds, and the local geography affect people's participation in occupation
  - Ergonomics
  - Universal design in tools, furniture, buildings, etc.
  - Accessibility and accommodation
• How aspects of the institutional environment such as institutional racism, apartheid and poverty, affect people's participation in occupation
  - Occupational deprivation
  - Discriminatory legislation and policy
  - Environmental/ecological/climate conditions influencing occupations

Skills in:
• Assessing how the environment facilitates or creates barriers to participation in occupation
• Collaborating in scholarly work/producing evidence and new knowledge in occupational therapy
• Modifying aspects of the human and

physical environment to promote participation

- Using information technology to support programming and promote function
  - Sustainable development (economic, social, environmental)
  - Modelling and educating about the development of sustainable occupational lifestyles
  - Collaborating in the mitigation of the negative effects of climate change and other environmental challenges.

Attitudes towards factors that present barriers to participation and attitudes about the environments in which people choose to live.

Occupation

This section is about a graduate's knowledge of occupation; their skills in analysing, adapting and grading occupation, analysing occupational performance and environmental factors that influence it; and their attitudes about different people's participation in occupation. It includes the graduate's:

Knowledge of theories and research findings about people's participation in occupation including:

- What occupation is
  - Ideas such as occupational form, types of occupations such as work, rest

or play, as well as the ICF domains of activity and participation may be included here

- Cultural influences on occupation
- Why people engage in occupation
- How occupation is performed and organised
- The characteristics of skilful performance
- The temporal aspects of occupation
- The environmental influences on occupation
- The subjective experience and personal meaningfulness of occupation
- The outcomes of occupation for the individual, the group or society, and the environment
- How occupation can be used therapeutically to influence health, and to increase participation or satisfaction with participation
  - Theories about human occupation such as the Canadian Model of Occupational Performance (Townsend & Polatajko, 2013), Model of Human Occupation (Kielhofner, 2002), Person-Environment-Occupation Model (Law, et al, 1996), Australian Occupational Performance Model (Chapparo and Ranka, 1997), Kawa (river) Model of Occupational Therapy (Iwama, 2006), the Creative Abilities Model (De Witt, 2005), the Swedish ValMO Model examining occupational value and relationship to meaning and health (Erlandsson, Eklund, Persson, 2010)

and other local theories, as well as occupational science findings belong here. Details for accessing these resources can be found in the reference list at the end of this document.

Skills in:

- Assessing:
  - Individual's, group's and communities' beliefs about occupation and their occupational goals
  - Occupational performance skills
  - Capacity for occupation
  - Activity limitations
  - Participation, including satisfaction with participation
  - The outcomes of participation
- Analysing, adapting and grading occupation
  - Activity/occupational analysis
  - Observations of occupational performance
  - Assistive technology scope and usage
  - Integration of person, occupation and environmental barriers and facilitators
- Using occupation therapeutically
  - Activity/occupational synthesis,
  - Designing/ running group activities
  - Teaching or eliciting occupational performance skills in individual, group or community contexts.

Attitudes towards individual and cultural difference in beliefs about occupation and occupational practices.

Relationship between Occupation and Health, Well-being and Human Rights

This section is about how occupation affects health and how health affects occupation. It include the graduate's:

Knowledge about:

- How activity limitations and participation in occupation affect health. This includes the ability to maintain a healthy environment and personal factors such as adjustment, interpersonal relationships and social networks
- How health conditions and threats to health affect participation in work (paid and unpaid).

Skills in assessing health in relation to occupation.

Attitudes towards others' beliefs about health, the causes of ill health and health giving occupations.

Therapeutic and Professional Relationships

This area of knowledge, skill and attitudes is about establishing effective working relationships with recipients of occupational therapy and their families, effective teamwork and other stakeholders.

Knowledge about:

- Inter-professional collaboration in service, education and research
- Development of networks
- Negotiation and conflict management.

Relationships with Recipients of Occupational Therapy

This section includes establishing effective working relationships with those who receive occupational therapy, including family, carers or significant others. It includes the graduate's:

Knowledge of the characteristics of therapeutic relationships and communication processes:

- People-centredness and collaboration
- Mentorship and coaching
- Motivation, hope and empowerment
- Treating people respectfully and establishing trust.

Skills in establishing relationships with people including :

- Culturally sensitive and effective communication
- Determining client readiness to engage in occupational therapy
- General communication skills including interviewing and counselling
- Respectful and active listening.

Attitudes towards the recipients of occupational therapy, including respecting others' cultural beliefs and practices:

- Maintaining a positive attitude towards diversity of personal factors such as those identified in the ICF, the cause of their health condition, or the reason they experience barriers to participation in occupation.

Relationships with Team and Organisational Members

This section includes working within an organisation and establishing effective working relationships with team members. The team may include members of the health care team including family members and significant others, assistants, consumer representatives, cultural advisers, people who manage and provide health, social, education and disability services, and members of the community. In some positions occupational therapists may appear to work alone where there are no formal teams. In these circumstances, working relationships are established through consultation, peer discussion and advocacy activities.

It includes the graduate's:

Knowledge about the importance of teamwork, the role of other providers of relevant services, and how to establish effective working relationships.

- Working collaboratively in an inter-professional or trans-professional team

- Working towards shared goals
- Awareness of building external professional support networks and seeking mentors
- Accountability to self, colleagues and profession.

Skills in working within an organisation and establishing effective working relationships, including people to whom the occupational therapist is responsible and others for whom the occupational therapist is responsible:
- Communication skills
- Professionalism
- Clinical or Professional reasoning.

Attitudes towards other team members and informal community supports that promote effective working relationships and maximise outcomes for the recipients of occupational therapy.

Occupational Therapy Process

This section is about the process the occupational therapist follows when working with recipients of occupational therapy services. The nature of the process will vary with the context and purpose of the intervention, and may include problem solving, enabling, empowering, collaborative and consultative approaches. It is what the occupational therapist does, and the sequence in which things are done. Occupational therapy processes may focus

on the economic, health and societal needs of an individual, group, or community. It includes the graduate's:

Knowledge about an occupational therapy process, and **skills** in implementing it including:

- Screening the need for occupational therapy
  - *Assessment of occupational needs.*
  - *The person's readiness to engage in a change process*
  - *Personal factors that influence health and participation in occupation*
  - *Environmental factors that influence health and participation in occupation*
  - *The status of body structures and function in order to identify the cause of the health issue*
  - *This process results in the developing of an Occupational Performance Profile (OPP) that establishes a baseline for intervention planning*
- Collaborate with a client to identify his or her occupational needs and goals. The goal may focus on:
  - *Changing personal factors to promote participation in occupation*
  - *Reducing activity limitations*
  - *Decreasing environmental barriers*
  - *Changing the environment to facilitate participation or the benefits derived from participation*
  - *Maintaining the potential for occupation*

by intervening at the level of body structure or function

- *Determining the goal of intervention*
- *Choosing and planning relevant occupational intervention to promote health and well-being*

- Implementing the intervention and monitoring its effectiveness
- Grading and adapting occupation
- Evaluating the outcome of intervention
- Investigate and maintain a close relationship with family, immediate community, school, work, institution
- Adapting the home, work, school and other settings
  - Evaluating the outcome of participation
  - The extent to which the recipient of occupational therapy is satisfied with the intervention and its outcome
  - The effectiveness or efficiency of intervention
- Maintaining records of the occupational therapy referral, assessment, intervention and outcomes
  - Timely completion of reports according to expected process
  - Awareness and application of regulator's expectations of occupational therapy documentation
  - Awareness and application of legislation related to the need for confidentiality
  - Note: Actual requirements will vary with the local, legal and professional context.

Skills in working in a person-centred manner: the entire occupational therapy process through referral, intake, engagement and completion of intervention; recording and reporting occupational therapy interventions, outcomes and recommendations.

Effective use of enabling/enablement skills and attitudes includes the strategic application of knowledge of occupation as a:

- communication tool with participants in occupational therapy, governments, the public and media in educating them about the necessity of occupation in human existence, and the occupational nature of humans
- socio-cultural tool with consumer representatives to focus public attention on the occupational effects of addictions, chronic disease, developmental challenges, disability, old age, ethnic, poverty, and other social challenges that limit participation and social inclusion in daily life
- professional, therapeutic tool used with participants to analyse occupational issues, and to engage populations, communities, and individuals in learning through doing to restore health or enhance well-being, citizenship, inclusion, and/or health equity
- community engagement tool with people in the occupations of social and community development, bridging the gap

between disadvantage, deprivation and potential

- programme planning and evaluation tool with teams engaged in evaluating the goal(s) of occupational therapy programming and services
- research tool with professional and community research partners to describe, explore, or raise critical questions about occupational performance, occupational engagement, occupational participation, and environment supports and limits for occupations that influence social inclusion, health, well-being and justice in daily life for particular populations, such as older citizens, persons with disabilities, single parents on welfare, and others
- activist tool with communities with aims of influencing health services, inclusive education, work conditions, housing options, transportation options, economic and human rights policies and legislation.

Attitudes towards implementing and concluding the occupational therapy process in a thorough and professional manner.

Health and Social Systems and Service Delivery Models^{NEW}

This section addresses issues related to the larger environment with which creators of new programmes need to be aware when crafting their own programme. Specific areas here include:

- How professional programmes are funded through multiple resources: public, private and third sector (non-governmental organisations (NGO)
- Importance of data and evidence based decision making in programme planning
- Knowledge of local systems
- Multisectoral, integrated and multidisciplinary services
- Working with non-governmental organisations and service clubs in the community
- Collaborating with community partners as consultants or contractors as appropriate.

Professional Reasoning and Behaviour

This section is about meeting local and international expectations of qualified health care workers and has five components. These are:

- the research/information search process
- ethical practice
- professional competence
- reflective practice
- managing self, others and services.

Research/Information Search Process

Knowledge about how to:

- Find theoretical information and research results
- Evaluate whether theories and research results are consistent with occupational therapy issues

- Evaluate the relevance and trustworthiness of information including research findings
- Make judgements between conflicting information
  - Critical appraisal of the literature.

Skills in effectively locating, understanding, evaluating information, and applying information to practice, including justifying practice using theory and research results. These skills sets include:
- Professional reasoning and critical thinking
- Using evidence to inform practice
- Facility and skill in all forms of communication
- Competency in ethical reflection (reflection on the best response among several alternatives)

Attitudes towards ensuring quality services by valuing theory development, the application of research findings to practice, and ensuring that practice is informed by the best available information.

Ethical Practice

Knowledge about national and international ethical guidelines and theories, local perspectives about right and wrong, and how people should behave and interact.

This includes:
- Ensuring that recipients of occupational therapy are informed about the range of

possible interventions and likely outcomes
- Consent to assessment and intervention processes
- Confidentiality of client information
- The public "need to know" about possible risks
- Determining who will receive occupational therapy and who will not
- Determining when to stop occupational therapy intervention.

Skills in:

- Recognising ethical issues and dilemmas
- Identifying what duties and obligations should be met and what moral attributes or characteristics should be demonstrated
- Deciding on an ethical course of action including collaborating with clients and others to analyse and decide how to respond to issues
- Justifying perspectives and actions
- Responsibility to consider cultural diversity
- Taking ethical action and becoming a moral agent.

Attitudes toward the value and necessity of ethical practice, as perceived and interpreted within local, regional, national and global contexts, as well as therapists' ethical responsibilities to society.

Professional Competence

Knowledge about your knowledge, skills and

attitudes are and how current and relevant they are:

- Awareness of personal professional competence
- Understanding and practicing within the limitations and boundaries of one's competence
- Ability to identify strategies to support personal and professional development
- Awareness of reflective models and frameworks to promote systematic reflection.

Skills in:

- Evaluating the adequacy of one's own existing knowledge, skills and attitudes
- Critical reflection about one's knowledge, skills and attitudes
- Continual improvement of one's knowledge, skills and attitudes including identifying and accessing information and expertise, communicating broadly and receiving supervision.

Attitudes towards the need to update knowledge, skills and attitudes throughout one's professional life through embracing life long learning and reflection.

Reflective Practice

Knowledge about theories of reflective practice.

Skills in systematically reflecting on the quality of all aspects of one's practice, both prior, during and after performance, including:

- Therapeutic relationships
- People's experience of receiving occupational therapy
- The effectiveness of occupational therapy for recipients
- The impact of occupational therapy on recipient's human and physical environment
- Interactions with members of the health care team
- Impact of occupational therapy on societal systems
- Impact of occupational therapy on the community
- The development of an action plan to achieve new goals and the enhancement of performance following the reflective process.
- Interaction with family members, school, work, or immediate community
- Development of awareness of and opportunities to act for advocacy and change agency.

Attitudes towards the need to think about how effective one's actions are as a basis for continual improvement, as well as how one's actions affect others.

Managing Self, Others and Services

Knowledge about expectations and processes for accountability, quality assurance and information management systems, service development and promotion, and effective and efficient management of resources and one's own and other's practice:

- Time management and service organisation
- Resource management
- Cost effectiveness
- Consumer satisfaction
- Work-related stressors and systems barriers
- Communication skills related to conflict management, negotiation and resolution

Skills in monitoring and preserving one's own and other's health within a practice setting, while delivering a quality, timely service.

Skills in establishing, evaluating and maintaining services.

- Proposal writing
- Developing a business plan
- Marketing skills
- Programme evaluation

Attitudes towards the importance of managing one's own and other's performance professionally.

Contexts of Professional Practice

This section is about those aspects of the physical, attitudinal, and social environment that affect people's health and participation, as well as occupational therapy practice. Both local factors, such as provision made for children with disability to access education, and international factors, such as the Disability Rights movement and the rights of indigenous people are included.

Knowledge about:

- Human rights in relation to health and well-being
- Cultural understandings of health and well-being
- Social determinants of health and well-being
- National health needs, priorities and goals, social accountability
- Health, social, education and disability systems
- Relevant health, social, disability, consumer, access and workplace legislation.

Skills in:

- Planning and delivering accessible occupational therapy
- Influencing the development of relevant services and legislation
    - Promoting community capacity building

- Promoting the development of services and/or community resource (such as a school, a playground or a workplace)
- Working within different health, societal, workplace and disability services
- Managing the delivery of services.
  - Working with budgetary and legislative constraints
  - Responding to systems requirements and opportunities.

Attitudes towards people's right to receive needed services (such as health and education) and participate in a health enhancing range and balance of occupations.

STANDARDS

Part 3: Interpretation Of The Minimum Standards For The Education Of Occupational Therapists

As stated at the beginning of this document, the WFOT Minimum Standards for the Education of Occupational Therapists (Revised 2016) are intended to:

a. set a minimum standard and
b. encourage continual quality assurance for development beyond the levels specified.

The Minimum Standards recognise the dynamic and organic nature of programme design as well as regional, national and international differences. The intention of the Minimum Standards for the Education of Occupational Therapists is to impact the profession through the establishment of international standards. The WFOT Approval process and other key information, including the Accreditation option, are available within the WFOT Educational Programmes Quality Assurance Package.

The Minimum Standards for educational programmes to prepare entry-level occupational therapists are organised under six headings. These are:

• Philosophy and purpose
• The content and sequence of the curriculum
• The educational methods
• Practice placements
• The educational resources (including funding)
• The educators.

Under each heading, the Minimum Standards address five issues:

The *congruence* between the local context of the programme, the educational programme itself, and the knowledge, skills and attitudes of graduates

• The *depth and breadth* of each component to prepare graduates for diverse practices
• The commitment of the programme to contribute to creating an inclusive society
• The relevance or fit within the *local context*
• The consistency with expectations of the *international* occupational therapy community, as well as international thinking about educating students on, well-being, social determinants of health, diversity and human rights in professional educational programmes
• Mechanisms for *continual quality assurance* of each component.

The notes below some standards, written in

italics, explain aspects of the standard or how the standard may be met. These examples are in no way complete and do not mean that these are compulsory components of all occupational therapy curricula.

FIGURE 4: CRITERIA FOR THE EVALUATION OF EDUCATIONAL PROGRAMMES FOR OCCUPATIONAL THERAPISTS
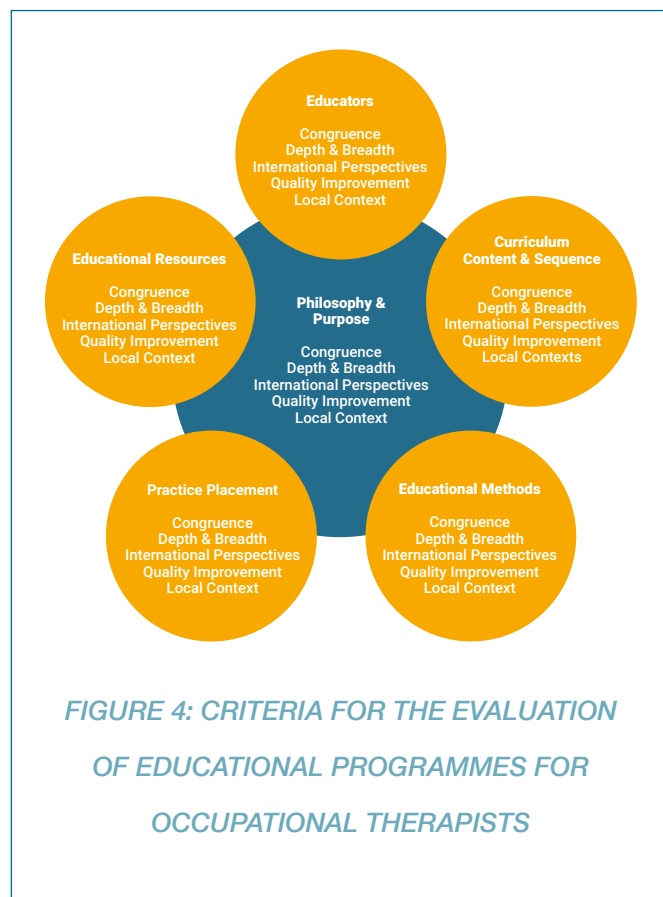
Philosophy and Purpose (Revised)

Educational Philosophy

The educational philosophy foundational to any occupational therapy programme is influenced by the specific higher education institution through its mission, vision, structures and policies. The literature related to learning approaches in adult education (androgogy) and the broader landscape of writings in educational theory, teaching methods (pedagogy) and curricular models are other essential sources of inspiration for curriculum development. The educational experience that emerges from this creative process needs to integrate around learner-centred models that are guided by a synthesis of academic and professional outcomes.

Professional / Programme Philosophy

WFOT approved occupational therapy educational programmes are guided by frameworks that: declare educational and professional values and beliefs focusing upon 'occupation' as the central concept; support the view of humans as occupational beings; and subscribe to the transactional relationships between the person, the occupation and the environment as the hub of occupational therapy intervention.

Commitment to Inclusion: The philosophy and purpose of the programme express a commitment to educate students to promote change towards a more inclusive and participatory society through enacting "the principles of respect, tolerance and recognition" (UNESCO, 2011, p. 12).

Congruence: The elements of the philosophy and purpose statements fit together well, and provide a comprehensive basis for the programme.

Depth & Breadth: The philosophy addresses an occupational view of humans, the occupational challenges humans face, and how to enable occupation.

The purpose includes individual, community/group and population approaches to health and well-being.

Local Context: The philosophy and purpose of the programme are aligned with current or predicted health and well-being needs, occupations, and systems and priorities of the nation or geographical region in which the programme is located.

International Perspective: The philosophy and purpose of the programme reflect concepts of occupation and occupational therapy shared by the international community of occupational therapists.

Quality assurance: The philosophy and purpose statements are reviewed in an on-going manner, and revised in response to local changes and development of international knowledge.

Processes are in place to review the implementation of the stated philosophy and purpose through all aspects of the educational programme on a periodic basis.

Curriculum Content and Sequence: This section provides an overview of the application of the elements defined above.

Commitment to Inclusion: The programme is committed to processes of change to incorporate unfolding data on social, economic and health disparities and respect, tolerance and recognition of occupation as a human right and diversity in occupational lives.

Congruence: The curriculum content and the sequence of content fit well with the programme philosophy and purpose.

Depth & Breadth: There is a policy of academic autonomy whereby the curriculum is designed and developed by occupational therapists.

The curriculum content and process:

- Addresses all of the knowledge, skills and attitudes specified for graduates of the programme (See the section entitled Graduate's Knowledge, Skills and Attitudes)
- Are clearly articulated
- Are planned and systematically scheduled, and
- Are managed effectively.

A minimum of 60% of a programme is

focused on occupation and occupational therapy, including practice placements where the necessary knowledge, related skills and attitudes are integrated with practice.

10-30% of the programme is focused on knowledge supporting an understanding of body structures and functions, biomedicine, psychological and sociological concepts; this includes practice placements to integrate this knowledge and related skills and attitudes with practice.

10-30% of the programme is focused on knowledge supporting an understanding of the human and social environment, and social perspectives of health, included within practice placements to integrate this knowledge and related skills and attitudes with practice.

Occupational therapy undergraduate programmes in higher education are a minimum of 3 years or 90 weeks.

- The duration of the programme is consistent with local qualifying programme for equivalent professions, such as teachers, engineers, physiotherapists and accountants.

Local Context: The curriculum content is congruent with the local social, cultural and institutional environments.

International Perspective: The curriculum content is based on contemporary international theories, research findings, and occupational therapy practice, and expectations of professional practice such as client-centredness. Documents produced through the United Nations and particularly the WHO are important opportunities for students to develop knowledge and skills relative to what is happening in the world. Some of these documents are cited in the reference list at the back of this document. In addition, the ICF Model (WHO) is an internationally relevant resource of particular relevance to occupational therapy practice and is applied globally.

This may be achieved via links with the international occupational therapy community and may include:

- collaborative relationships with other occupational therapy programmes
- peer review processes
- faculty and student exchanges
- involvement of international monitors and moderators in programme reviews.

Quality assurance: The curriculum is reviewed on an on-going basis and revised at least every 5 years (for 2 or 3 year programmes) or 7 years (for 4 year programmes). Reviews and revisions draw on a range of sources of feedback such as from students, consumers, interdisciplinary team

members, the local occupational therapy association or senior therapists, local and international occupational therapy colleagues, and information gathered about the performance of graduates of the programme.

This may include:

- peer and self review of curriculum
- student feedback
- moderation and monitoring processes
- advisory and examination boards
- external examiners.

Educational Methods: this section draws upon pedagogical theories for illustrations of the elements.

Commitment to Inclusion:
The educational methods promote the development of competencies necessary to respond to social and health disparities, diversity, and human rights issues for local populations, communities and individuals.

Congruence: The educational methods selected are consistent with the views of people and occupation that are illustrated within the philosophy and purpose of the programme.

Depth & Breadth: The range of educational methods used supports the development of graduate knowledge, cognitive and practice skills, and attitudes, and fosters life long learning.

Educational methods may include:

- case studies
- learning with and from recipients of occupational therapy
- discussion
- skills training
- small scale projects
- reflective exercises
- literature review
- experiential learning
- distance learning
- problem-based learning
- inter-professional learning
- lectures and large group sections
- practice placements (addressed in detail under a separate heading).

The range of assessment strategies used to monitor students' progression and the quality of learning outcomes support the development of graduate knowledge, skills and attitudes. Assessment methods fit with the educational methods.

Local Context: Local experts are utilised, such as people skilled and knowledgeable in content areas or local occupations and traditions, as well as people with occupational dysfunction.

Local traditions of teaching and learning are valued and incorporated.

International Perspective: Educational practices are informed by international

educational theories and research, and utilise information and communication technology.

Quality assurance: Processes for continual improvement of educational methods are in place, timely and rigorous, use multiple information sources including students, and the information gained is used to inform the on-going development of the programme.

This may include:

- peer review of teaching
- student feedback
- graduate feedback
- employer feedback
- discussions amongst staff
- review meetings
- moderation and monitoring processes
- advisory and examination boards
- external examiners
- educational experts

Practice Education

Commitment to Inclusion: Students and practice educators are adequately prepared and supported to analyse and plan effective action and evaluate its effects on health disparities and diversity.

Practice education is central to the educational process. It includes curriculum content and is an educational method, but is presented in a separate category because additional standards apply.

The purpose of practice education is for students to integrate knowledge, professional reasoning and professional behaviour within practice, and to develop knowledge, skills and attitudes to the level of competence required of qualifying occupational therapists. As with all aspects of the curriculum, student achievement on practice placement is assessed.

Congruence: Practice education experiences are consistent with the philosophy and purpose of the programme. Consistency does not exclude practice placements in sites where occupational therapy practice is emerging.

Depth & Breadth: Students experience a range of practice education that require them to integrate knowledge, skills and attitudes to practice with a range of different people who have different needs, and in different contexts. The range of student experiences always includes:

- People of different age groups
- People who have recently acquired and/or long-standing health needs
- Interventions that focus on the person, the occupation, and the environment.

Student experiences will normally also encompass at least three of the following parameters:

- A range of personal factors such as gender and ethnicity that is reflective of the population that will be recipients of occupational therapy
- Individual, community/group and population approaches
- Health conditions that affect different aspects of body structure and function and that cause different kinds of activity limitations
- Different delivery systems such as hospital and community, public and private, health and educational, urban and rural, local and international
- Pre-work assessment, work re-entry, career change
- Existing and emerging services, such as services being developing for and with people who are under-employed, disempowered, dispossessed or socially challenging; organisations and industries that may benefit from occupational therapy expertise; or arts and cultural services
- Settings where there are currently no occupational therapists employed.

Each student will complete sufficient hours of practice placements to ensure integration of theory to practice. A minimum of 1,000 hours is expected. There is no definitive reference where or event at which this number of hours was decided; it has been consistent since practice-related experience was part of the occupational therapy educational process

and appears comparable to other health profession preparation programmes. The 1,000 practice placement hours refers to the time each student spends implementing an occupational therapy process, or an aspect of an occupational therapy process involving human interaction with person or persons as client (individual, family, group or community to business, institution, agency or government).

Examples include:
- *Assessing and interpreting the person-occupation-environment relationship and how that relationship influences the person's health and well-being*
- *Establishing and evaluating therapeutic and professional relationships*
- *Planning and preparing for an occupational therapy assessment or intervention*
- *Implementing an occupational therapy process (or some aspect of it)*
- *Demonstrating clinical and professional reasoning and behaviours in a practice context*
- *Generating knowledge of the contexts of professional practice through the use of evidence-based reasoning and critical thinking.*

Practice placements are of sufficient duration to allow integration of theory to practice. The range of placement length will depend on the specific program and its context. Practice placements can be distributed

throughout every year of the curriculum as suitable for the culture and context.

To ensure a depth of learning, supervisor(s) and student(s) are encouraged to consider a range of tools to support the students to embrace how to practice in that specific environment. Practice placements are guided by learning objectives and supervised and assessed by an occupational therapist. There is no requirement for the supervisor to be on site. The practice and academic environments work collaboratively to ensure mutually beneficial and quality experiences for all involved.

- *Supervision refers to the process of overseeing the student's implementation of an occupational therapy process, where the supervisor is responsible for the quality of the student's practice and for the safety of the recipient of occupational therapy.*

It is expected that supervision will include:

- *Discussion*
- *Collaborative development of learning objectives*
- *Review of the student's intervention plans and documentation*
- *On-going monitoring and evaluation of student/students' performance*
- *Completion of final assessment including identification of future learning needs.*

The amount and frequency of supervision will progress from close, on-site supervision to independent practice as student's

progress through the programme. The level of supervision will also vary with students' knowledge base, familiarity with the practice setting and their learning needs; the contexts of practice - including the presence or absence of other health professionals; the complexity of the occupational therapy intervention to be provided and the level of proficiency required for it to be effective; and the safety risks for both students and recipients of occupational therapy.

Supervision models are not limited to a 1:1 student-therapist ratio. Innovative models that meet local needs are respected and valued.

Local Context: The roles and responsibilities of students on practice placement, practice educators within the educational programmes are known, clear, explicit and relevant to the local context. Students and practice educators are adequately prepared and supported to fulfil their respective roles and responsibilities.

International Perspective: Practice education experiences are informed by international expectations of professional service provision. That is, practice is guided by theory and research findings, and service is provided to all people without prejudice.

Quality assurance: Evaluation of student performance on practice placements is:

- Consistent with the philosophy and

purpose of the programme and the learning contract

- Clear and explicit
- Appropriate to the level of the student.

Mechanisms for feedback between students, recent graduates, practice placement supervisors and educators are in place and inform on-going improvement of practice placement planning, preparation and provision.

Educational Facilities and Resources: This section refers to the essential fit between the educational needs of learners and the resources available and committed to their learning.

Commitment to Inclusion: Established initiatives, programmes, access agreements or services exist that provide experiential learning to promote the development of critical consciousness and reflexivity.

Congruence: The educational resources fit well with the philosophy and purpose of the programme.

- For example, a programme designed to produce graduates skilled in providing therapy for people with physical health conditions will normally require anatomical models, and examples of rehabilitative equipment. A programme that emphasises developing economically viable

employment options for disadvantaged populations may require opportunities for students to experience local work settings and the occupations performed there.

Depth & Breadth: The size of the student intake is in proportion with the number of educators.

There are sufficient resources, including library resources, internet access, teaching materials, specialist equipment and funding to support effective, efficient and relevant teaching and learning. These learning resources need to be viewed broadly, be inclusive of wide-ranging databases that facilitate professional preparation and support advanced study including research.

There is adequate and accessible teaching space, offices for educators and support staff, venues for specialist learning activities, and storage space.

Local Context: Examples of equipment that would be used with the recipients of occupational therapy and materials for therapeutic occupations fit the local technology, economy, values and geography.

International Perspective: Library resources are up-to-date, and supported by internet access.

The programme has student and staff recruit-

ment and selection policies and procedures to ensure equal opportunities for all. Learning resources need to include access to international databases and journals.

Quality assurance: Plans for continual improvement of facilities and resources are in place and consistent with planned curriculum development.

Educators

Commitment to Inclusion: The combined qualifications and expertise of the educators includes the commitment and skills to promote change towards a more inclusive and participatory society. Students are engaged as participants in dialogues and change processes.

The WFOT position statement on Academic Credentialing for Occupational Therapy Educators (WFOT, 2008a) articulates the expected requirements of faculty members/teachers regarding the balance between teaching, engagement in research and the provision of service to the educational institution and other communities.

Congruence: The mix of professional backgrounds, qualifications and experience of the educators enables delivery of an educational programme that fits its stated philosophy and purpose.

Occupational therapy theories and approaches are taught by occupational therapists.

Academic leadership of the programme is provided by an occupational therapist or group of occupational therapists.

Depth & Breadth: The combined qualifications and experience of the educators supports the curriculum content and educational methods used in the programme.

Educators demonstrate excellence in their area of teaching and/or have a relevant qualification that is higher than the qualification received by graduates of the programme.

There is a staff policy that addresses a balance of teaching, research and administrative functions. This may include a requirement to be of service to society or humanity.

Local Context: The educators have, or can access, knowledge of the local contexts of practice.

- This should include knowledge and understanding of relevant local occupations, social structures, cultural beliefs and practices, health needs, and occupational opportunities; and, to depend on developing and maintaining relationships with health,

society, disability, educational and legislative institutions that influence occupational therapy practice and education.

International Perspective: The educators access international occupational therapy, health, disability, societal and educational thinking and practice.

- This may be achieved via professional literature (national and international), visiting educators, international conferences, networking, etc.

Quality assurance: The educators maintain and update continually the knowledge, skills and attitudes relevant to their teaching.

- Mechanisms to achieve this include:
- Accessing and using international literature
- Gaining further formal qualifications
- Attending courses and conferences
- International collaboration with recognised experts
- Engaging in research
- Practising as an occupational therapist
- Supervising practising occupational therapists
- Learning from visiting experts, student feedback, critical appraisal of teaching practice by consumers and so on
- Participating in the relevant national and international associations.

Mechanisms to support educators to maintain and update their practice will be in place.

Student Affairs

Students are a vital partner in the development and advancement of health professions. Higher education programmes need to document the formal opportunities for students to contribute feedback to the development of their learning experiences.

Student and alumni voices are important to include in programme planning and evaluation and curriculum planning or revision and evaluation. Students can contribute at fundamental stages where they can offer ideas that shape education. They can also offer valuable feedback on existing programs.

This can include:

- formal feedback on teaching and learning experiences
- the provision of a programme outline written for students
- provision of examination timetables
- provision of materials explaining the curriculum design
- provision of expected codes of conduct that support professionalisation.

Exit award

Occupational therapy programmes are situated in institutes of higher education. Graduates on successful completion of their educational experience are awarded a bachelor's degree or equivalent credential. The opportunities to be successful in meeting

the minimum standards for <u>countries that do not award a baccalaureate degree or higher due to internal legislative barriers, will be resolved on a case by case basis.</u>

The Education Programme Area of the WFOT is charged with evaluating a qualifying educational programme from countries applying for membership of the WFOT.

The evaluation of a programme centres on reviewing the evidence submitted to determine the extent to which the programme meets or exceeds the WFOT Minimum Standards. Further details of the approval and accreditation processes are included in the EQAP.

Part 4: Non-Standard Specific Items Identified In The Review

This section addresses topics that were included in the feedback from the initial survey for the revisions of the Minimum Standards for the Education of Occupational Therapists 2002 and also the WFOT survey carried out in 2014. These areas lend themselves very closely to the need for educational information to be made available, since they do relate to global practice as well as the development of curricula. Therefore, the following brief descriptions and explorations are provided complete with references and should be read in conjunction with the WFOT document "Developing an occupational therapy profession in non-Member Countries" (WFOT, 2008b).

1. Overview of development of a new occupational therapy programme

Human resources and capacity building

Capacity building has typically been defined as the development and strengthening of human and institutional resources. The process needs to go beyond the public sector, as it is also influenced by the private sector including commercial enterprises and non-governmental organisations (NGOs). The United Nations Development Programme defines capacity as "the ability to perform functions, solve problems, and achieve objectives" (UNDP, 2009, p. 53) at three levels: individual, institutional and societal.

Systems approach in needs assessment

Needs assessment is a standard tool in business and as one of the first stages in developing a new program or service in any societal sector. Completing a needs assessment provides a current picture of the societal sector under consideration and review and paints a picture of the appropriateness of the proposed innovation such as the occupational therapy educational programme. In the case of beginning a new occupational therapy educational programme, needs assessments can consist of approaches such as generalised surveys; more comprehensive and detailed methodologies including surveys; random interviews and continued analysis to determine existing needs and define future Human Resource Development (HRD) requirements. A systems approach to a needs assessment will help illustrate how the assessment process integrates into the vision, mission and plan of the organisation as a whole. A systems approach can emphasise consistent and flexible ways to achieve ongoing analysis of the organisation's human resources and the skills that will be required as a result of changes in the long-range plan (WHO, 2011a).

Community professional relationships

Occupational therapy is a relationship-based, experiential profession that relies on close relationships with colleagues in practice settings. These core relationships are valued for the fulfilment of practice placements/ practice placement requirements as well as current input to the active learning curriculum as sessional and part-time teachers. The kind of input from practitioners depends on the mutual needs of the program and the community. Ongoing professional development becomes part of the mandate of the university-based professional educational program (UNESCO, 2010).

Host institution identification

This sub-section refers to the importance of including all the necessary information to identify the host institution including: demographics, mission, vision, scope of educational offerings, resources and any other content that is important to the unique profile of the specific university.

Educator recruitment

When beginning the process of developing a new occupational therapy education pro-gramme, it is critical that a core group of occupational therapists are identified as the founding faculty with clear expectations of the skills and expertise they possess and can contribute to the enterprise. Recruitment needs to focus upon a balance between ex-perts in specific content areas who have the

desired credentials, either a Masters degree or PhD. Other members of the occupational therapy community may be included in the extended faculty group to provide specific practice skills, or to play a visiting faculty role for special sessions, skills laboratories and practice discussions. In addition, many community practitioners become involved in the designing of the curriculum overall but specifically with practice placements. The manner in which community engagement is realised through the recruitment of faculty is an important element of succession planning for faculty resources as well as community involvement (WHO, 2013; WHO, 2011a).

2. Curriculum principles

Articulating a philosophy: As mentioned earlier in this document, it is key to articulate clear philosophies from both the educational and professional perspective. There needs to be specific identification of the programme vision and mission expressed using higher education language that will add to the credibility of the submission and the image of this professional group being ready to engage in advanced education.

Specific curriculum principles should emerge from the philosophies of the educational approach, the profession and the overarching context provided through the institution of higher education within which the programme resides.

3. Inter-professional education experiences

The importance and critical nature of the inclusion of inter-professional learning and experience cannot be minimised. Inter-disciplinary education, service and research have become a cornerstone of health care services internationally. The value of being part of an inter-disciplinary team approach to the whole professional development process is central. Learning, working and researching together serves to reduce assumptions about roles and skills as well as opening eyes to the opportunities for collaboration (Oandasan & Reeves, 2005).

4. Global citizenship & advocacy

Advocacy is a political process by an individual or group that aims to influence the environment at all levels: the personal, family, societal, government and global. Advocacy can enable changes in public policy and resource allocation decisions within political, economic, and social systems and institutions. Advocacy can include many activities that a person or organisation undertakes including media campaigns, public speaking, commissioning and publishing research. Global citizenship connotes having an awareness and commitment to the rights and needs of fellow citizens of this world. The notion of citizen ship refers to the quality of an individual's

response to membership in a community. The two combined can provide an occupational therapy education programme with a strong external vision for the preparation of their graduates (UNESCO, 2011 & UNESCO, 2010).

5. Planning programme evaluation of outcomes & impacts

Programme evaluation involves the careful collection of information about a programme or some aspect of a programme in order to make necessary decisions about the programme. Programme evaluation can include any or a variety of at least 35 different types of evaluation, such as: needs assessments, accreditation, cost/benefit analysis, effectiveness, efficiency, formative, summative, goal-based, process, and outcomes. The type of evaluation undertaken to improve a programme depends on what information is needed. Focus on what needs to be known to make the needed programme decisions, and about how to collect and create an accurate appreciation of what is happening or what needs to happen.

6. Contribution to the Approval and/or Accreditation option of educational programmes as part of WFOT's Educational Programmes Quality Assurance Package (EQAP)

The EQAP documents include:

- Minimum Standards for the Education of Occupational Therapists
- Programme Approval Process
- Programme Accreditation Process
- Programme Monitoring
- Re-Approval and Re-Accreditation process
- References that are appropriate to the inherent tasks
- Guidelines for preparation and submission of documents for Approval and Accreditation option of educational programmes.
- Supportive documents such as relevant WFOT Position Statements

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Glossary of Terms

Attitudes

A way of thinking about something that influences how you feel about it and how you behave. For example, an occupational therapist who has a positive attitude towards knowledge development in occupational therapy is likely to feel interested in new research results and to read occupational therapy journals.

Coherent

The elements that have been put together make sense. That there is no conflict between the ideas, and that how the elements relate to each other can be clearly explained and understood.

Competence, Competent Practice

Being able to do what you are required to do in a safe and effective manner.

Congruence

All of the elements come together into a unified whole.

Continual Quality Improvement

A process of on-going review and revision of the educational programme, utilising multiple information sources including students, to ensure that the programme is always improving. On-going review is in addition to periodic major revision of the curricula.

Depth and Breadth

Depth refers to having enough of something or having a good supply of something; for example, having a wealth of knowledge about a particular aspect of occupational therapy or knowing enough to be able to do something well.
Breadth refers to the scope of something or how wide something is; for example, having knowledge about a whole range of things that might affect occupational performance.

Educational Strategies

Refers to different methods used for teaching, such as demonstration, didactic teaching, experiential learning, or problem-based learning, authentic project engagement as in service learning and the use of educational technology and social media resources

Exit Academic Award

Occupational therapy programmes are situated in institutes of higher education. Graduates on successful completion of their educational experience are awarded a bachelor's degree or equivalent credential to Level 6 of EU Bologna Process as designated in the three-cycle degree structure. Country anomalies in meeting this requirement, due to internal legislative barriers, will be resolved on a case by case basis.

Graduate

In this document, the term graduate refers to individuals who have successfully com-

pleted an occupational therapy education programme, regardless of their exit credential.

Health and Social Factors

This term has superceded the term of "health and welfare". Health and Social Well-Being is used within this document to describe a concept that is broader than an individual, biomedical view of health. It includes the subjective experience of health, the presence or absence of a health condition, the preservation and promotion of the health of communities and populations, and the cultural and societal factors that affect people's health and well-being. Concepts of health and social well-being are culturally defined, and will vary according to the context.

Health Giving Occupations

Any occupation that promotes health and well-being across the lifecourse.

Knowledge

Refers to the things that a person knows, and includes knowing about things and knowing how to do things. Knowledge is developed through experience as well as through education. Examples of knowledge that are important to occupational therapists include client's knowledge about what it is like to have a health condition and to receive occupational therapy; knowledge about how to intervene to promote participation in occupation; and, knowledge about the relative effectiveness of different interventions. Other essential knowledge is exemplified within two core contexts: relationships within and parameters of work environments including government or agency policies that determine the funding of and the access to the services offered. It also includes individual occupational therapists' awareness of their own knowledge, skills and abilities culminating in on-going self-awareness and reflection; and developing

action plans to sustain Life Long Learning strategies including participation in continuing professional development (CPD) experiences.

Learning Contract

A learning contract is an agreement between a student and their practice placements supervisor or between a student and their educational programme about the particular knowledge, skill and attitudes the student will develop. It may include an agreement about the roles and responsibilities of the student and the practice placement supervisor or educator, as well as how the student will demonstrate that he or she has achieved the learning. Learning contracts are usually negotiated prior to or at the beginning of the learning experience.

Life Long Learning

All professionals need to keep updating their knowledge and skills throughout their professional life. Life long learning refers to recognising the need to always

learn more, wanting to learn more, and having the skills to locate relevant knowledge and skills, understand and then apply them within practice.

Local Context

The term "local context" refers to a geographical area, such as a whole country, state or distinct political region, that has a characteristic range of health and welfare needs, cultural backgrounds and health and welfare systems. In this document it is unlikely to refer to a single city, township or small district.

Occupation

In this document the term occupation refers to all of the things that people do that are meaningful within their culture. The perspective taken is that when people engage in occupation, performance is influenced by environment; equally, occupation influences environment. Occupation is subjectively experienced. Within this document the term occupation includes activities, tasks, and occupational roles.

Peer Review

A process of evaluating an educational programme undertaken by persons external to the programme with recognised expertise in education, occupation or occupational therapy . Peer reviewers are often from another country. The purpose of peer review is to assist with on-going improvement of the programme by offering feedback, counselling and mentoring as required and/or desired. The evaluation may address all or selected components of the programme.

Person- Environment- Occupation Relationship

The person-environment-occupation relationship refers to the transactional and interactive relationships between people, what they do and where they do it. The essential idea is that occupational performance is both influenced by as well as influences personal and environmental dimensions, and that occupational performance is influenced by the demands of occupation over time.

Philosophy

Refers to the nature and meaning of something, including the principles underlying people's actions and behaviour, and views about the problems people experience and how to respond to them.

Within this document, it is the educational programme's philosophy about occupation that is important. This occupational philosophy will address the nature and meaning of occupation; principles about how and why people engage in occupation; the kinds of problems and satisfaction people experience in relation to participating in occupation; cultural understandings about how problems with participation in occupation might be addressed; and, how the experience or outcomes of participation might be enhanced. The philosophy and purpose are central to the educational programme and guide all

aspects of the programme design, development and delivery.

Practice Placements (Fieldwork)

Refers to the time students spend interpreting specific person-occupation-environment relationships and their relationship to health and well-being, establishing and evaluating therapeutic and professional relationships, implementing an occupational therapy process (or some aspect of it), demonstrating professional reasoning and behaviours, and generating or using knowledge of the contexts of professional practice with and for real live people.

Purpose

Refers to what one means to do or be; the plan, design or intention that determines what is useful or relevant to do.

Within this document, the purpose of the educational programme refers to the kinds of work the graduates are primarily being prepared to do, and the range of settings within which they are expected to be able to work. The philosophy and purpose are central to the educational programme and guide all aspects of the programme design, development and delivery.

Qualifying Educational Programme

This term refers to an educational programme from which students gain the qualification required in their country to practice as an occupational therapist, as opposed to educational programmes to enhance the knowledge and skills of qualified occupational therapist.

Reflective Practice

Refers to systematically, routinely and critically thinking about your practice, in order to maximise learning from experience.

Skills

Skill refers to having the ability to do something, and includes skill in thinking as well as skill in physically doing something. Skills are usually developed through experience. Being skilful often depends on being knowledgeable about what you are doing.

Social Determinants of Health

Social determinants of health are those aspects of society that have been shown to have an impact upon the health and quality of life of citizens. Frequently cited examples of these determinants include: gender; disability; housing; early life income and income distribution; education; race; employment and working conditions; social exclusion; food insecurity; social safety net; health services; unemployment and job security; indigenous status.

Well-being

Well-being exists in two dimensions, subjective and objective. It comprises an individual's experience of life as well as a comparison of life circumstances with social norms and values.

Appendix: History

The history of the World Federation of Occupational Therapists' Minimum Standards for the Education of Occupational Therapists spans fifty years. In recognition of the importance of internationally acceptable standards of education to the development of the profession, a statement outlining the Minimum Standards for the Education of Occupational Therapists was developed in 1952. This statement was approved by the Council of the Federation in 1958. A supporting document, entitled Establishment of a Programme for the Education of Occupational Therapists was published in 1958 to guide the development of programmes in countries where occupational therapy was not already established. After revisions implemented in 1963, Education of the Occupational Therapist was published in 1966.

To accommodate changes to medical practice, further review was undertaken in 1971 and the Recommended Minimum Standards for the Education of Occupational Therapists was published. Further update was required in 1984 to reflect changing occupational therapy terminology and techniques, and to provide more guidance for curriculum development. At this time, the document was divided into two sections outlining the general requirements and

organisation of occupational therapy educational programmes and the curriculum content. Specifications for fieldwork were also outlined in an appendix.

The 1991 Minimum Standards retained the structure of the 1984 document, but were less prescriptive. They were extended to include an example of a form for applying to WFOT for approval of an occupational therapy educational programme as well as a form for WFOT member countries to report the outcome of the five yearly programme monitoring.

The 2002 revision was undertaken in response to two kinds of requests. The first, from countries wishing to establish occupational therapy education, was for clearer guidance about how to develop an educational programme and how to go about the ongoing monitoring of programmes. The second call for a revision of the Minimum Standards centred on a perceived need for more flexibility in curricular content and less stringent requirements for fieldwork.

The Minimum Standards for the Education of Occupational Therapists (Revised 2016) expands the perspective of the education of occupational therapists to prepare them for a global professional community.

It retains the three distinct but interrelated purposes as stated in 2002 version (societal, professional and educational). In addition to these perspectives, the 2016 revisions augment the professional sustainability focus in the preparation of health human resources for the global community and an expanded contribution of qualified health professionals to health and social systems. This is achieved through the inclusion of content related to:

- Human Resources: the supply and demand as well as the promotion and preservation of the health and well-being of the practitioners;
- Health systems and policy across member organisations and their impact on education and research;
- Applications of occupational therapy models in a social sector in addressing occupational performance issues from a population and productivity perspective, and
- Human Rights advocacy as a core principle across all areas of practice and in relation to disability issues and equitable access to all services.

Many of the new content areas impact on, but are frequently external to the direct service model addressing specific health and disability issues. The suggested content also reflected emerging areas of practice in both high resource economies (developed) as well as medium and low resourced countries (developing/ emerging). Included are expectations for qualified health professionals to play a greater part in programme planning and monitoring both within traditional sectors and through community development approaches particularly those that focus on "decent work" (ILO, 2015). As a global health and social human resource, occupational therapists' minimum standards of education are universal considerations for all nations. They are the underpinning of the core domains distinguishing occupational therapy from other professions while strengthening the integrity of the binding threads of Knowledge, Skills & Attitudes of a global professional community/network. A strength of the MSEOT (2002) maintained in the revisions is the recognition of and respect for the local context. The 2016 Standards raise the bar in quality assurance. The "required" content deemed essential to the core domains of the occupation base of the profession are identified and made more specific.

International Labour Organization (ILO). (2015). Decent work agenda: Promoting Decent work for all. Geneva: ILO. Retrieved from http://www.ilo.org/global/about-the-ilo/

Appendix: The Review Process

MSEOT Review Process
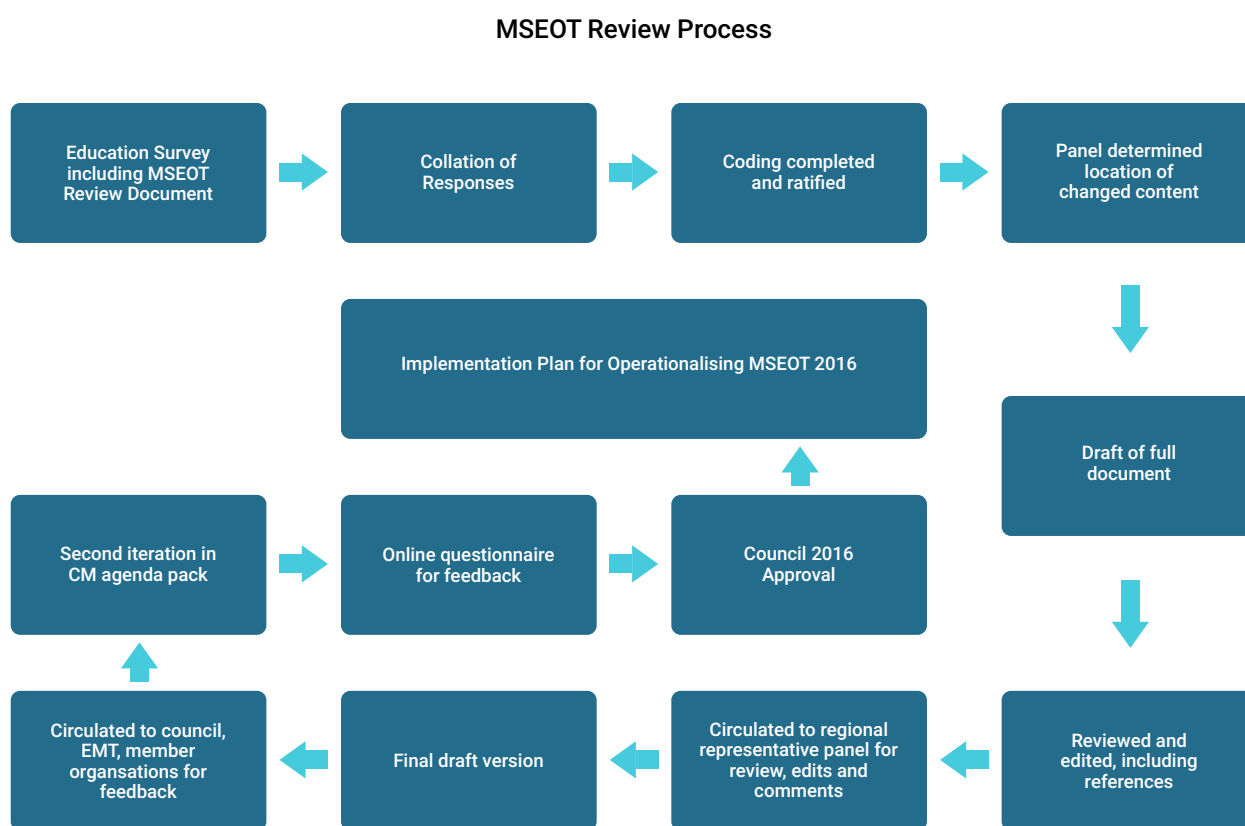
WFOT wishes to sincerely thank all who contributed to the Minimum Standards for the Education of Occupational Therapists 2016 drafting and review processes.

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Minimum Standards for the Education of Occupational Therapists (Revised 2016):

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Austria	Israel	Singapore
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Belgium	Japan	South Africa
Bulgaria	Jordan	Spain
Canada	Kenya	Sri Lanka
Colombia	Korea (Republic of)	Sweden
Croatia	Macau	Switzerland
Cyprus	Malaysia	Taiwan (ROC)
Czech Republic	Malta	Tanzania
Denmark	Mauritius	Thailand
Estonia	Netherlands	Trinidad & Tobago
Finland	New Zealand	Tunisia
France	Norway	Turkey
Georgia	Occupational Therapy Africa	Uganda
Germany	Regional Group (OTARG),	United Kingdom
Greece	2015 workshop participants	United States of America
Hong Kong	Pakistan	Venezuela
Iceland	Peru	Zimbabwe
India	Philippines	

Others involved:

Association of Canadian Occupational Therapy Programs (ACOTUP)

European Network of Occupational Therapy in Higher Education (ENOTHE)

Reviewers' Quotes

During the review process, many reviewers provided additional comments together with their critique. Here are some examples:

"This is a coherent document that is written in a clear and accessible style. The extensions and inclusions make the document contemporary yet continue to ensure its relevance across the diversity of countries in which occupational therapy is practised."

Lee Zakrzewski

Delegate, Australia

"I am sending my comments to this interesting document. I found that this one has a much wider social approach than the previous ones, and emphasizes different aspects of the definition of health. Also, the international strength, the prospective vision and the leadership of occupational therapists are more visible here."

Margarita Gonzalez

1st Alternate Delegate, Colombia

"The revised Minimum Standards have charged OT educational programmes with including aspects of human rights, advocacy, being socially responsive and to be open to inclusion of the new emerging roles within occupational therapy."

Helen Buchanan

Delegate, South Africa

"The clearer emphasis and focus on social/ societal factors and the concept of well-being are important."

Brian Ellingham

President, European Network of Occupational Therapy in Higher Education (ENOTHE)

"It also speaks to developed programmes which need to address the changing world and update their curricula."

Kit Sinclair

WFOT Bulletin Editor, Hong Kong

"Overall, the revised MSEOT was well updated and included all essential information from philosophy to implementation. As an experienced therapist who has been working and training OTs in four developing and developed countries, I think the content is clear and can be easily applied to developing or revising a curriculum."

Mehdi Rassafiani

Delegate, Iran

"Systems do differ nationally and development should be interpreted through local contexts as much as global contexts."

Lim Hua Beng

2nd Alternate Delegate, Singapore

Appendix: WFOT Educational Programmes Quality Assurance Package (EQAP)

WFOT Documents Relating to the Approval Process

Core Documents

The Minimum Standards for the Education of Occupational Therapists (Revised 2016) (Available at the WFOT Online Store www.wfot.org)

Advice for the Establishment of a New Programme for the Education of Occupational Therapists

Curriculum Approval Process

Process for Approval of Educational Programmes

Procedures to support the approval process

Developing an Occupational Therapy Profession in non-member countries

Position Statement: Occupational Therapy Entry-Level Qualifications

Retroactive Approval of Occupational Therapy Educational Programmes

Supplemental Documents

Position Statement: Inclusive Occupational Therapy Education

Position Statement: Academic Credentials for Occupational Therapy Educators for University Based Education in Occupational Therapy

Position Statement: Recognition of Former Educational Status

Sample Occupational Therapy Curriculum - BSc. Program

Sample Occupational Therapy Curriculum - Graduate Masters Program

WFOT Documents Relating to the Monitoring Process

Core Documents

Monitoring of WFOT Approved OT Educational Programs

Position Statement: Competency and Maintaining Competency

Supplemental Documents

Monitoring of WFOT Approved Educational Programs Form

Graduates as innovators: Informing the profession on occupational rights and justice

Position Statement: Professional Registration

Position Statement: Occupational Therapy – Professional Autonomy

World Federation of
Occupational Therapists