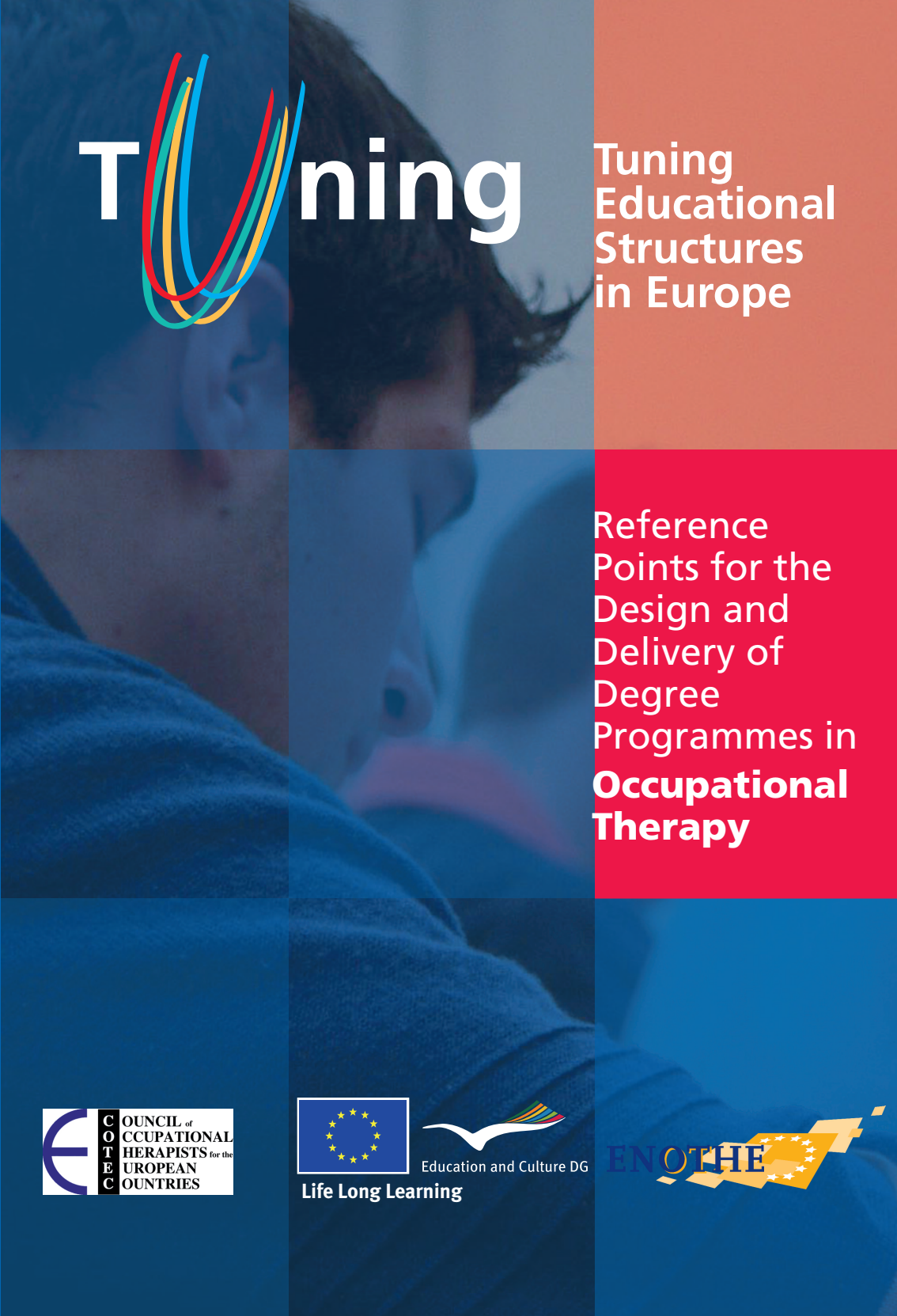

Tuning Educational Structures in Europe

Reference Points for the Design and Delivery of Degree Programmes in **Occupational Therapy**

COUNCIL of OCCUPATIONAL THERAPISTS for the EUROPEAN COUNTRIES

Education and Culture DG

Life Long Learning

ENOTHE

Reference Points for the Design and Delivery of Degree Programmes in Occupational Therapy

Reference Points for the Design and Delivery of Degree Programmes in Occupational Therapy

Tuning Educational Structures in Europe

The name *Tuning* was chosen for the project to reflect the idea that universities do not look for uniformity in their degree programmes or any sort of unified, prescriptive or definitive European curricula but simply for points of reference, convergence and common understanding. The protection of the rich diversity of European education has been paramount in the Tuning Project from the very start and the project in no way seeks to restrict the independence of academic and subject specialists, or undermine local and national academic authority.

The Tuning Project is supported by the European Commission through the Socrates and Tempus programmes (of the Directorate-General for Education and Culture)

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Foreword

TUNING Educational Structures in Europe is a large scale European project, which accompanies the Bologna process and implements its principles at curriculum level of different disciplines or multidisciplinary studies.

Since the foundation of the European Network of Occupational Therapy in Higher Education (ENOTHE) in 1995, the lines and ideas of TUNING have been discussed and a variety of publications have been produced. This work was related to the Bologna process: to the implementation of ECTS and competence based learning/learning outcomes (Howard & Lancée 2000), reflection on different teaching and learning methods such as problem based learning (PBL) (Crowder et al. 2004), internet courses (Andresen et al. 2004), teaching practical skills (Dehnerdt et al. 2004) as well as quality enhancement through international peer review (Howard & Carnduff 2004). Additional work focused on developing knowledge and understanding of occupational therapy education throughout Europe (Bruggen et al. 2000). However, this exchange of experiences and the development of relevant material were not called «TUNING» until 2003. On being introduced to TUNING, it was quite clear to the network that this prior work had been part of the TUNING process and the network was easily stimulated to continue the TUNING process as part of the programme at annual meetings and through the work of the project groups. The TUNING process reinforced and guided the network and clarified its work further.

Therefore, this existing and ongoing work of ENOTHE provided much of the background information and documentation for the Summary of Occupational Therapy according to the TUNING template (Gonzalez & Wagenaar 2005). National associations and the Council of Occupational Therapists for the European Countries (COTEC) provided additional information regarding the profession. The main focus of the TUNING Occupational Therapy Project Group became the development of the subject specific competences and the cycle level descriptors in relation to mutual professional and academic recognition.

This publication is intended to act as guidelines to describe occupational therapy education programmes and the specific competences will contribute to the education of practitioners fit for todays and future prac-

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tice and research in occupational therapy. It is also intended that this publication will be used by the occupational therapy community and by stakeholders in the profession such as regulators, employers, and non-government organisations.

The TUNING Occupational Therapy Project Group

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Statement of validation

This document is intended to act as guidelines to describe occupational therapy education programs and the specific competencies that will contribute to the education of practitioners of the actual and future practice and research in occupational therapy. In our opinion, the researchers and authors of the brochure have succeeded in writing a document that meets these ambitions. This brochure deserves implementation in practice and higher education in occupational therapy in Europe. It has been developed from robust methodologies that support its strategic intention to influence occupational therapy education across Europe and it can be considered important for a variety of stakeholders: regulators, employers, service users, teachers and occupational therapists. We unanimously approve this document as readable and informative and as relevant for international cooperation in the field of occupational therapy education in Europe.

In the introduction the authors describe in clear terms that occupational therapy is a profession that spans the health and social care sectors and that has its roots in the belief that the health and well-being of individuals and communities can be maintained and improved when people are engaged in meaningful occupations. The most important theoretical concepts and developments in the profession all over Europe are well described. This description reflects the connection of the development of occupational therapy with the changes and developments of the social-political contexts in the different European countries. Notwithstanding the diverse practice, with reference to the diversity of culture and populations in Europe, occupational therapy is described convincingly as one profession, bound by core principles that are supported by results of research and occupational science. The need to develop the academic discipline «occupational science» is seen in a historical perspective and is emphasized because of the increasing importance of applying scientific based knowledge in occupational therapy practice. Because the authors have paid attention to the historical aspects as well as to the future trends in occupational therapy, we consider this as an inspirational document that expresses the common basis for the further development of the profession in the European Countries.

The methodology of the Tuning process is well described in the document and facts, sources and opinions are well documented.

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The competencies create a well-researched basis from which can be worked towards greater comparability of the outputs from occupational therapy programs, leading to the increased mobility of graduates, students and lecturers in the process. This, of itself, will address issues such as cultural competence through the creation of a culturally diverse occupational therapy workforce.

The two case studies at the end of the fourth chapter are very illustrative for the way the products of the tuning process can be applied in practice. These examples show us that the competencies are sufficiently dynamic to enable adaptation in the light of changing health and social care delivery and systems, placing occupational therapists in a good position to capitalize on emerging practice opportunities for the benefit of the wider community as well as those groups and individuals in society with significant occupational needs.

The whole brochure creates a compelling case for the engagement of higher education institutions across Europe with the TUNING concept.

We recommend its acceptance and implementation.

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COTEC delegates, national professional associations and practitioners who participated in the developmental process, giving their time and constructive feedback

The TUNING Occupational Therapy Project Group for their commitment and their continued effort throughout the process

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1. Introduction to TUNING

TUNING Educational Structures in Europe is a university driven project, which aims to offer a universal approach to implement the Bologna Process at the level of higher education institutions and subject areas. The TUNING approach consists of a methodology to (re-) design, develop, implement and evaluate study programmes for each of the Bologna cycles.

Furthermore, TUNING serves as a platform for developing reference points at subject area level. These are relevant for making programmes of studies comparable, compatible and transparent. Reference points are expressed in terms of learning outcomes and competences. Learning outcomes are statements of what a learner is expected to know, understand and be able to demonstrate after completion of a learning experience. According to TUNING, learning outcomes are expressed in terms of the level of competence to be obtained by the learner. Competences represent a dynamic combination of cognitive and meta-cognitive skills, knowledge and understanding, interpersonal, intellectual and practical skills, and ethical values. Fostering these competences is the object of all educational programmes. Competences are developed in all course units and assessed at different stages of a programme. Some competences are subject-area related (specific to a field of study), others are generic (common to any degree course). It is normally the case that competence development proceeds in an integrated and cyclical manner throughout a programme. To make levels of learning comparable the subject area groups/Thematic Networks have developed cycle (level) descriptors, which are also expressed in terms of competences.

According to TUNING, the introduction of a three-cycle system implies a change from a staff centred approach to a student-oriented approach. It is the student who has to be prepared as well as possible for his or her future role in society. Therefore, TUNING has organised a Europe-wide consultation process including employers, graduates and academic staff/faculty to identify the most important competences that should be formed or developed in a degree programme. The outcome of this consultation process is reflected in the set of reference points – generic and subject specific competences – identified by each subject area.

Besides addressing the implementation of a three-cycle system, TUNING has given attention to the Europe-wide use of the student workload based European Credit Transfer and Accumulation System (ECTS). According to

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TUNING, ECTS is not only a system for facilitating the mobility of students across Europe through credit accumulation and transfer; ECTS can also facilitate programme design and development, particularly with respect to coordinating and rationalising the demands made on students by concurrent course units. In other words, ECTS permits us to plan how best to use students' time to achieve the aims of the educational process, rather than considering teachers' time as a constraint and students' time as basically limitless. According to the TUNING approach, credits can only be awarded when the learning outcomes have been met.

The use of the learning outcomes and competences approach might also imply changes regarding the teaching, learning and assessment methods that are used in a programme. TUNING has identified approaches and best practices to form specific generic and subject specific competences.

Finally, TUNING has drawn attention to the role of quality in the process of (re-) designing, developing and implementing study programmes. It has developed an approach for quality enhancement, which involves all elements of the learning chain. It has also developed a number of tools and has identified examples of good practice, which can help institutions to boost the quality of their study programmes.

Launched in 2000 and strongly supported, financially and morally, by the European Commission, the TUNING Project now includes the vast majority of the Bologna signatory countries.

The work of TUNING is fully recognised by all the countries and major players involved in the Bologna Process. At the Berlin Bologna follow-up conference, which took place in September 2003, degree programmes were identified as having a central role in the process. The conceptual framework on which the Berlin Communiqué is based is completely coherent with the TUNING approach. This is made evident by the language used, where the Ministers indicate that degrees should be described in terms of workload, level, learning outcomes, competences and profile.

As a sequel to the Berlin conference, the Bologna follow-up group has taken the initiative of developing an overarching Framework for Qualifications of the European Higher Education Area (EQF for HE), which in concept and language, is in full agreement with the TUNING approach. This framework has been adopted at the Bergen Bologna follow-up conference of May 2005. The EQF for Higher Education has made use of the outcomes both of the Joint Quality Initiative (JQI) and of TUNING.

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The JQI, an informal group of higher education experts, produced a set of criteria to distinguish between the different cycles in a broad and general manner. These criteria are commonly known as the «Dublin descriptors». From the beginning, the JQI and the TUNING Project have been considered complementary. The JQI focuses on the comparability of cycles in general terms, whereas TUNING seeks to describe cycle degree programmes at the level of subject areas. An important aim of all three initiatives (EQF, JQI and TUNING) is to make European higher education more transparent. In this respect, the EQF is a major step forward because it gives guidance for the construction of national qualification frameworks based on learning outcomes and competences as well as on credits. We may also observe that there is a parallel between the EQF and TUNING with regard to the importance of initiating and maintaining a dialogue between higher education and society and the value of consultation - in the case of the EQF with respect to higher education in general; in that of TUNING with respect to degree profiles.

In the summer of 2006, the European Commission launched a European Qualification Framework for Life Long Learning (LLL). Its objective is to encompass all types of learning in one overall framework. Although the concepts on which the EQF for Higher Education and the EQF for LLL are based differ, both are fully coherent with the TUNING approach. Like the other two, the LLL variant is based on the development of level of competences. From the TUNING perspective, both initiatives have their value and their roles to play in the further development of a consistent European Education Area.

This publication reflects the outcomes of the work done by the Thematic Network ENOTHE (European Network of Occupational Therapy in Higher Education) in collaboration with COTEC (Council of Occupational Therapists for the European Countries) for the subject area of occupational therapy, so far. The outcomes are presented in a template that was developed to facilitate readability and rapid comparison across the subject areas. The summary aims to provide, in a very succinct manner, the basic elements for a quick introduction into the subject area. It shows in synthesis the consensus reached by a subject area group after intense and lively discussions in the group. The more ample documents on which the template is based are also included in the brochure. They give a more detailed overview of the elaborations of the subject area groups /Thematic Networks.

The TUNING Management Committee

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2. Introduction to Occupational Therapy

Occupational therapy, described as both an art and a science, is a health profession that has its roots in the emerging ideas concerning the moral and humanitarian treatment of mental illness at the beginning of the 19th century. It was recognised as a profession with the title occupational therapy at the beginning of the 20th century in America when its practice encompassed physical health as well as mental health. Since its conception, occupational therapy has believed that health can be influenced by occupation. Participating in occupations promotes people's identity, health and well-being. Therefore, the primary goal of occupational therapy is to make it possible for people to participate or engage in the occupations of everyday life. An occupation is «a group of activities that has personal and socio-cultural meaning, is named within a culture and supports participation in society. Occupations can be categorised as self-care, productivity and/or leisure» (ENOTHE n.d.)

People may be restricted from participating in occupations due to a mismatch between the environment and the person's abilities. People may experience restriction of occupations due to impairment of body structure or functions and factors in the person's environment: physical, social, attitudinal, or legislative. Other citizens without impairment may also be restricted in their opportunities to engage in occupations due to environmental factors, experiencing occupational deprivation (for example refugees, minority groups).

As already stated occupational therapists believe that health can be improved or maintained when people engage in occupations. The unique focus of occupational therapy is its contribution to enabling the participation of all persons in the occupations of their choice. Occupational therapists enable people to explore, achieve and maintain balance in their daily activities and occupations, that is their self-care, work, social, recreational, creative and other activities, according to their own choices and needs.

Additionally when a person engages in occupations that are meaningful for them, their skills and abilities are enhanced, enabling them to participate in the occupations of their choice in their own environment. When a person is occupied, that is, fully engrossed in meaningful activ-

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ity, health and well-being may be promoted. Recent research has found that occupations are intrinsically rewarding, as they build skills and promote the development of personal capacities (Creek 2003). In order to use occupations in a therapeutic way, occupational therapists are skilled in the analysis, selection, synthesis, adaptation, grading and application of activities and occupations. An occupational therapist's special role is to ensure that the activities and occupations selected are optimally suited to the needs, abilities, skills and choices of the individual. Activities and occupations used in this way may include the actual occupations in which the person engages on a daily basis, (e.g. cooking), or specifically designed therapeutic or educational activities, (e.g. creative media, such as ceramics). The occupational therapist may also use aids (such as walking aids) or technological devices (e.g. computers) to assist the person to engage in their daily occupations.

Additionally or alternatively, the occupational therapist works towards changing aspects of the environment, as for many persons the environment is the major barrier preventing full participation in occupation. The physical environment may be changed in order to provide adequate access for all persons to all places of work, recreation, worship, public services etc. The social environment may be facilitated to provide maximum support for its members. Attitudes have been recognised for many years as a factor restricting the equal participation of all members of society and occupational therapists may work actively to promote those attitudes that will enable the participation of all in the daily activities of their community. Finally, legislation may restrict or encourage equal participation for all in the full range of activities of society, and occupational therapists work to ensure awareness of the needs of all members of society by the relevant legislative bodies.

Occupational therapists may work in partnership with individuals, with individuals together with their family or carers, with groups of people, or with whole communities and populations. Occupational therapists may work directly with persons or groups who are experiencing restricted opportunities for participation in occupation. They may also work with governmental and non-governmental groups and organisations, providing expertise on issues related to occupational participation. Occupational therapists work with persons of all ages and with persons of all cultural and ethnic backgrounds. This partnership aims to ensure that persons are actively engaged in the whole process, the success of which is measured in terms of the resulting satisfaction that the person experiences with their everyday life (WFOT 2004).

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Occupational therapy may therefore be used in a very wide range of settings and with persons with a very wide range of needs, wherever occupation and activities may be used as a vehicle of change to enable the individual or group to take part in the daily activities of their choice. Occupational therapists work in health, education or social settings, for example in hospitals and health centres, workplaces, schools, prisons and in the community, both in the individual's home and with community groups.

The practice of occupational therapy is grounded in local culture and the needs of local populations. Therefore, although occupational therapy is one profession bound by core principles, its' practice is diverse and multi-faceted, reflecting the diversity of culture and populations in Europe.

2.1. Developments in Occupational Therapy Education and Practice

The first school of occupational therapy in Europe opened in the UK in 1930 and since then, the profession has expanded rapidly throughout Europe. Education for occupational therapists was established in colleges, polytechnics and universities and at present, there are over 320 educational institutions in Europe offering occupational therapy education. In 1952, the World Federation of Occupational Therapists (WFOT) (www.wfot.org) was founded, and developed standards for the education of occupational therapists (1954), later published as the WFOT Minimum Standards for the Education of Occupational Therapists (1958), and last revised in 2002 (Hocking & Ness 2002). These minimum standards outline the fundamental philosophy and programme content of education programmes and have assisted in developing and maintaining a common understanding of the profession worldwide. In Europe, occupational therapy is regulated by the Council Directive on the Recognition of Professional Qualifications (Directive 2005/36/EC), which includes the directive on higher-education diplomas awarded on completion of professional education and training of at least three years' duration, 89/48/EEC supplemented by Council Directive 92/51/EEC). In most European countries, national/professional regulations govern the profession and there are governmental/professional registration and professional profiles (www.cotec-europe.org). The profession of occupational therapy is typically governed by National Ministries responsible for Health, Social Welfare, Labour and Education. As already mentioned, the profession is

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guided by international standards for education and practice from the World Federation of Occupational Therapists, and also within Europe by the Council of Occupational Therapists for the European Countries (COTEC) (www.cotec-europe.org) and the European Network of Occupational Therapy in Higher Education (ENOTHE) (www.enothe.hva.nl). These include guidelines and standards related to curriculum, ethics and quality enhancement.

Early education, in many cases, had a strong practical component, with many hours of education spent in both fieldwork and in the learning of craft and practical skills. Gradually this balance has changed with a strong move towards the theoretical foundations of the profession and development of academic competences. However, there is still considerable conflict, especially in 3-year programmes, between the development of the required academic and practical competences. Currently, most programmes are aiming at corresponding to the minimum standard recommendations of 1000 hours of fieldwork suggested by WFOT.

Programmes have always, to some degree, reflected the social and health policies and services of the society in which they are based. The revised WFOT Minimum Standards (Hocking & Ness 2002) stress the importance of developing occupational therapy programmes in a local context, taking into consideration local (national) health needs and challenges, priorities and traditions. This is also in line with the WHO regional strategy, which recognises the diversity of the political and health situations encountered in each country of Europe, leading to a need to «consider all countries in their diversity» (WHO 2000, p.1). While earlier the profession was known as «a paramedical profession» with practice based in hospitals, community services slowly started to develop with the move towards primary care in the community and community based practice. More recently, occupational therapy is moving towards a broader understanding of health and disability, in line with WHO definitions as presented in the ICF (WHO 2001). This has led occupational therapists to be concerned not only with those traditionally described as disabled, but also social groups at risk of occupational deprivation – those in prison, street children, refugees etc. Also, in some countries (Denmark, Norway), an increasing number of occupational therapists work within prevention and health promotion; in industry, ergonomics, and vocational rehabilitation or with planning and lifestyle changes. The degree to which the profession is orientating itself towards social or medical practice varies from country to country within Europe. This «re-alignment» has also

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brought an awareness of the need for graduate occupational therapists to be increasingly proactive towards the emerging needs of the society in which they practice. Traditionally occupational therapists only worked under the direction of the authorizing physician, which is certainly not the case today. Occupational therapists are expected to be able to work autonomously, think creatively, solve complex problems and be ready to work to develop new services that will best serve the occupational needs of clients. This has led many programmes to expect that the graduate of even 1st cycle studies are able to work with considerable autonomy. Since the enlargement of Europe and the European Year for Disabilities (2003), the Eastern European countries have been interested in the profession and education of occupational therapy. The establishment of the profession with the support of ENOTHE has contributed to social reform, enhancing the rights of persons with disabilities, making the environments more accessible mainly through attitudinal change, and empowering and enhancing structures in society that sustain participation. The first cycle education for occupational therapy in Eastern and Central European countries has a particular focus on competences such as promoting the profession, developing and managing community based projects, developing networks consisting of disability organisations, occupational practice, education and local governments in order to establish inclusive communities. The first graduates have emerged as real leaders of the profession.

Diversity is evident not only in the wide range of services offered by the profession but also as a vital characteristic of European society today. Europe is a society rich in a wide range of backgrounds and cultures, and the mobility of European citizens means that a wealth of skills, talents, perspectives and ideas are available for the benefit of all. Acknowledging and managing diversity in order to utilise the enormous benefits that it can bring to the workplace is essential for all organisations and professions. Occupational therapy programmes are working to develop in their graduates essential competences such as cultural knowledge, communication and interaction skills, together with the team skills necessary to work with a diverse team of professionals and with a wide range of service users and groups.

In summarising the developments of the profession and of occupational therapy education in Europe, it may be said that while underlying core principles and philosophy are evident considerable variation exists. This is due to a wide range of factors including variations in the way higher education has developed and is governed in each country, local tradi-

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tions of health care and social provisions and differences regarding the founding and development of the profession in each country.

Development has also been affected by the availability of second and third cycle education in occupational therapy. For many years this was restricted to one or two countries (UK, Sweden), with students either travelling to study or completing post-graduate education in related fields in their home country. In some countries, this led to a reliance on English language professional literature and a limited degree of research and theory development in the local culture and language. In recent years, an increasing number of second and third cycle programmes are available throughout Europe.

The European Union has also been influential in promoting an increasingly mobile work force, and while there is not large-scale movement amongst occupational therapists, there is mobility towards the English speaking countries, and between neighbouring countries, for example in Scandinavia and between Germany, Holland and Belgium.

The TUNING project has provided a methodology that acknowledges the diversity of higher education throughout Europe and provides a framework for maintaining differences, while offering the transparency and transferability essential for mobility amongst students and professionals. The methodology emphasises that educational programmes should identify competences to be developed based on local social needs. It has shifted the emphasis in education towards a student centred approach, in which students are enabled to chart their own progress and in some instances plot their own path towards competence using learning outcomes and competences. This approach requires that the key knowledge and skills that a students needs to achieve during the learning process determine the content of the study programme.

2.2. Theoretical Foundations of Occupational Therapy

Occupational therapy education is based on a broad understanding of occupation, and the unique integration of empirical and phenomenological knowledge from the social, technological, human, biological, and life sciences. Occupational therapy contributes to and is influenced by the development of the emerging discipline of occupational science.

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Wilcock (2001) states that the debate regarding the need for a science to underpin occupational therapy began in 1917 in the USA. Yerxa first named occupational science in 1989, as a culmination of studies undertaken at the University of Southern California since the 1960's. Occupational science is a new social science or field of enquiry. It is a basic science focussed on occupation. As a basic science, it focuses on the universal issues about occupation without concern for their immediate application (Yerxa et al. 1989). Occupational science is concerned with furthering the understanding of humans as occupational beings and the relationship between occupation and health, including the need for, and capacity to engage in and orchestrate, daily occupations in the environment over the life span. It incorporates the concept of «occupational justice» – consideration of the need for all people to experience meaning and well-being through what they do.

Since the 1980's the emergence of occupational science, based on the study of the form, function and meaning of occupation has strengthened the knowledge base of the profession regarding occupation and its role in the health and well being of persons and groups. This core knowledge is also being incorporated into occupational therapy education. In the TUNING Occupational Therapy Project Group there have been discussions regarding how and to what degree to include occupational science in the competences and in the Summary of the Occupational Therapy TUNING Process. The inclusion of occupational science in the TUNING process has not been raised as an issue at any point of the feedback within ENOTHE and COTEC. This might indicate that occupational science is seen as a natural foundation of occupational therapy knowledge. What is important is that this area of research on human occupation and participation is a significant source for developing and applying knowledge in occupational therapy.

Occupational therapy practice is based on a unique synthesis of knowledge from occupational science together with the social and medical sciences. This unique synthesis has led to the development of various models and frames of reference, which guide and inform practice. Over time, changing ideas on where the focus of practice should be has influenced the practice of occupational therapy. The profession has moved from a paradigm of occupation, which emphasised the intrinsic link between mind and body, to a mechanistic paradigm, where a person was seen as a series of systems, and more recently we have witnessed the profession

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moving back towards its roots of occupation being central to health and the emphasis of the whole rather than the component parts.

The models of practice used in occupational therapy have reflected these changes. In current practice the following selected models are utilised most frequently:

— **The Model of Human Occupation.** First published in 1980 by Gary Kielhofner and frequently updated. This model requires occupational therapists to have knowledge of a person's values, sense of capacity and efficacy, his/her roles, habits, performance experience and personal environment. It is acknowledged as a model that is consistent with client-centred practice and latest versions are based on dynamic systems theory

— **The Canadian Model of Occupational Performance.** Based on the work of Reed and Sanderson and first published in 1990 by the Canadian Association of Occupational Therapists in collaboration with the Canadian Department of National Health and Welfare. This model is a social model, which places the person in a social/environmental context. It takes into consideration the doing, feeling and thinking components of a person. It emphasises that occupational performance is the result of «interaction and interdependence between person, environment and occupation» (Townsend 1998, cited in Duncan 2006, p. 111)

— **The Kawa (River) Model.** This model has been developed in an East Asian context during the 1990's. It is an emerging model of practice in Europe which challenges people, including occupational therapists and their clients, to «examine and discuss their culturally situated views of what was essential to their lives, their sense of wellness and their definition and understanding of illness, health and disability (…) for the purpose of redefining occupation and realigning the purpose of occupational therapy to matters of essential importance (…)» (Lim & Iwama 2006, p. 172). This model does not claim to be universal in explaining all concepts and views of occupation, health and well being. It does seek to empower the client by «giving credence to his or her occupational life issues in the context of the client's perspective of reality (…)» (Lim & Iwama 2006, p. 173).

In addition to the above models, occupational therapists draw on knowledge of many other models of practice or frames of reference including the medical model, bio-mechanical model and cognitive behavioural frame of reference.

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Occupational therapy education therefore draws on a rich theoretical foundation, combining empirical and phenomenological knowledge in order to enable students to develop a rich understanding of the complexity of a person's engagement in occupation and the factors affecting this process.

2.3. Terminology and Language

The language of occupational therapy has been open to debate since the founding of the profession. For example there has been discussion, particularly in Europe, as to whether «occupation» or «ergo» were the more appropriate term to name the profession and the focus of its practice. Even today, both terms may be found (COTEC, 2006). There is also considerable debate around defining and naming core concepts in the profession such as activity and occupation, debate that is reflected in the considerable difficulty that many languages have to translate the core terms of the profession effectively.

However, the language a profession uses also reflects changing political and social attitudes and concepts of health. The use of the word «therapy» in the name of the profession is indicative of the roots of the profession closely linked to the medical profession and usually based in hospitals, where «patients» were «treated» by the professional until «healthy» again (i.e. without disease or trauma). In these early days of the profession the vast majority of occupational therapists worked in hospital settings. As broader understandings of health developed to include concepts of participation and well-being, and notions of client–centred practice emerged, terminology too changed. The term «client» was commonly used in an attempt to demonstrate the partnership that was now considered essential. However, «client» as a term has also received considerable criticism and other terms such as «service user» and lately citizen are used. With the broader understanding of health, the important role of the environment was increasingly recognised. Occupational therapists began to develop their role in community settings, working both with individuals and with groups, «enabling» their participation in occupation through a variety of intervention strategies. In recent years the increasing understanding of the complexities of working with communities and populations facing a wide range of social issues has led to attempts to find strategies that will lead to the development of partnerships within which communities can develop

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their resources and capacities. The role of the occupational therapist is increasingly seen as one of «support». Throughout Europe, the diversity of settings in which occupational therapists work is reflected in the language used.

The issues surrounding terminology become increasingly complex when the number of languages spoken in Europe is considered. At this time most of the literature of the profession is in English, many programmes require their students to study English language literature within their courses, and make knowledge of English a core requirement of entry. Other programmes make this an optional requirement.

Whichever alternative is chosen, difficulties continue for students when required to discuss their professional perspective in their own language, if there is no common consensus on the use of terms in the local language or if there is no corresponding concept in the language. There is increasing awareness of both these linguistic but also cultural differences and many programmes are reflecting this awareness in the curriculum. The work of the terminology project group of ENOTHE on the development of consensus definitions for key terms and their translation into the languages of Europe is providing leadership for many countries in resolving some of these linguistic and conceptual issues. (www.enothe.hva.nl/tq/terminology).

It is therefore consistent with these observations that in the development of the subject specific competences, language and terminology were issues. The interest and involvement of both professional associations and educational institutions throughout Europe is evident in the 24 translations of the subject specific competences that were prepared to facilitate the process of consultation during the development of the competences. Despite this there continue to be difficulties – comments from stakeholder discussions indicate that some of the concepts within the competences are only accessible to someone who has knowledge of occupational therapy theory in English.

2.4. European Organisations

Within Europe, two major organisations have been established to represent and develop occupational therapy. The Council of Occupational Therapists for the European Countries (COTEC) (www.cotec-europe.org) was established in 1986 to coordinate the views of the national

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associations of occupational therapists of the member states of the European Communities. In 2001, membership was broadened to include those countries that are not members of the European Union, but being part of Europe share the same aims. The aims of COTEC are to develop, harmonise and improve standards of professional practice and education (e.g. through the production of European Code of Ethics and Standards of Practice), as well as to advance theory and research in occupational therapy throughout Europe. COTEC supports the development of new occupational therapy associations, education and services in European countries and the free movement of professionals and mutual recognition. COTEC gathers and disseminates information/statistics from all its members regarding the numbers and employment of graduates, levels of education and emerging areas of practice. It also organises a European Congress of Occupational Therapy every four years. By the end of 2006, COTEC had 27 member associations.

The European Network of Occupational Therapy in Higher Education (ENOTHE) (www.enothe.hva.nl) was founded in 1995 on the initiative of COTEC. In 1997, it became a Thematic Network, funded by the European Commission Socrates/Erasmus programme. The main aims of ENOTHE are to unite the European occupational therapy educational programmes and proposed programmes in order to advance the education and the body of knowledge of occupational therapy, and to work with COTEC to promote occupational therapy education in Europe. Since the foundation of ENOTHE in 1995, the objectives and the work of the network has been closely related to the Bologna process. Through the project groups of the network, and the resulting publications, work has related to: the implementation of ECTS and competence based learning/learning outcomes (Howard & Lancée 2000); reflection on different teaching and learning methods such as problem based learning (Crowder et al. 2004); case studies (Daniels et al. 2000); e-learning (Andresen et al. 2004), teaching practical skills (Dehnerdt et al. 2004); as well as quality enhancement through international peer review (Howard & Carnduff 2004).

Additional work focused on developing knowledge and understanding of occupational therapy education throughout Europe (Bruggen et al. 2000) and the development of joint education/European programmes. The network also provides assistance to institutions and countries that wish to start occupational therapy education programmes (e.g. Central and Eastern European Regions) and advises on potential resources.

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ENOTHE gathers and disseminates information and statistics from all its members regarding the Implementation of the Bologna process, such as:

— Implementation of generic competences at curriculum level

— Implementation of specific competences at curriculum level

— Implementation of competences at unit/module level

— Use of ECTS

— Diploma supplement

— Use of a quality assurance/monitoring system

— Three cycles

— International mobility and collaboration.

By the end of 2006, ENOTHE had over 190 members, including educational institutions, professional associations, employers and client-organisations from 38 European countries and some additional countries outside Europe.

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3. Summary of the Occupational Therapy TUNING Process

The two-year pilot project TUNING Educational Structures in Europe held the closing conference of Phase I in May 2002. Shortly after this, the Thematic Networks under the ERASMUS programme were invited by the European Commission to take part in the TUNING Phase 2-project. In 2003, a TUNING counsellor was invited as a member of the TUNING management team to introduce the TUNING project to the membership of ENOTHE at the network's 9th annual meeting in Prague. Following this, the TUNING Occupational Therapy Project Group was formed on behalf of COTEC and ENOTHE with the aim of coordinating the TUNING Project for occupational therapy in Europe. This working group consisted of three delegates from COTEC (including the President), the six members of the ENOTHE board and the coordinator of the thematic network.

As was stated in the former chapter, ENOTHE has been working since its foundation within the framework of the Bologna process and produced several publications. However, this exchange of experiences and the development of relevant material were not called «TUNING» until 2003. On being introduced to TUNING, it was quite clear to the network that this work had been part of the TUNING process and the network was easily stimulated to continue the TUNING process. Since its establishment in 1986 COTEC has worked to coordinate the development of the profession in Europe, by gathering and disseminating information from all its members including the numbers and employment of graduates and levels of education. Therefore, for COTEC too, involvement in the TUNING process was congruent with the aims and the ongoing work of the council.

The TUNING Occupational Therapy Project Group (either as a whole group or divided in smaller groups) has met at least bi-annually since 2004, and has participated in the TUNING conferences (Budapest 2005, Brussels 2006). Regarding ENOTHE, the project groups have been aligned along the five TUNING lines and the annual meetings in 2004, 2005, 2006 and 2007 have incorporated a variety of aspects related to TUNING including focus groups for feedback and workshops. COTEC has involved their membership in order to provide feedback through focus groups held at their council meetings (2004, 2005, 2006), to develop translations of the competences and to obtain feedback from stakeholders on the competences.

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The main focus of the TUNING Occupational Therapy Project Group has been the development of the subject specific competences and the document «Occupational Therapy Profile».

3.1. Development of Competences

Competences are defined in the following way by the TUNING project «Competences represent a dynamic combination of cognitive and metacognitive skills, knowledge and understanding, interpersonal, intellectual and practical skills, and ethical values. Fostering these competences is the object of all educational programmes. Competences are developed in all course units and assessed at different stages of a programme. Some competences are subject-area related (specific to a field of study), others are generic (common to any degree course). It is normally the case that competence development proceeds in an integrated and cyclical manner throughout a programme» (Gonzalez & Wagenaar 2007, p. 139)

3.2. Generic Competences

TUNING methodology distinguishes between generic and subject specific competences. Generic competences (described in Line 1), or transferable skills, are common to any degree programme, and are considered particularly important in relation to future employability and citizenship (Gonzalez & Wagnaar 2005).

TUNING distinguishes three types of generic competences:

— Instrumental competences: cognitive abilities, methodological abilities, technological abilities and linguistic abilities;
— Interpersonal competences: individual abilities like social skills (social interaction and co-operation);
— Systemic competences: abilities and skills concerning whole systems (combination of understanding, sensibility and knowledge; prior acquisition of instrumental and interpersonal competences required).

These had already been defined when occupational therapy entered the TUNING process (Table 1). However, each new subject area following the TUNING methodology is asked to establish the degree to which the generic competences are relevant to their particular subject area and to what degree educational programmes establish these competences.

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Table 1
Generic Competences

1	Capacity for analysis and synthesis
2	Capacity for applying knowledge in practice
3	Planning and time management
4	Basic general knowledge in the field of study
5	Grounding in basic knowledge of the profession in practice
6	Oral and written communication in your native language
7	Knowledge of a second language
8	Elementary computing skills
9	Research skills
10	Capacity to learn
11	Information management skills
12	Critical and self-critical abilities
13	Capacity to adapt to new situations
14	Capacity for generating new ideas (creativity)
15	Problem solving
16	Decision-making
17	Teamwork
18	Interpersonal skills
19	Leadership
20	Ability to work in an interdisciplinary team
21	Ability to communicate with non-experts
22	Appreciation of diversity and multiculturality
23	Ability to work in an international context
24	Understanding of cultures and customs of other countries
25	Ability to work autonomously
26	Project design and management
27	Initiative and entrepreneurial spirit
28	Ethical commitment
29	Concern for quality
30	Will to succeed

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3.3. Subject Specific Competences

Regarding subject specific competences, they refer to the performance of the occupational therapy practitioner, in other words they are the competences that guide the whole educational programme in occupational therapy. For this reason the competences were developed through a close collaboration between the educators (ENOTHE) and the practitioners (COTEC). Competences are common to all cycles of education (first, second and third cycles). They are not absolute, but may be considered to be on a continuum and according to the cycle of education each competence will be developed to an appropriate depth. The depth to which a competence is developed at any one level is also dependent on the local culture within which the educational programme is based and on the specific health and social needs of the population to be served by the graduates.

The first drafted subject specific competences by the TUNING Occupational Therapy Project Group were developed from critical discussions and analysis of earlier work completed by the World Federation of Occupational Therapists (Hocking & Ness 2002), the College of Occupational Therapists in the UK (Turner 2004), the Australian Association of Occupational Therapists (Ford & Tonkin 1994), the Canadian Association for Occupational Therapists (CAOT 1998) as well as Curriculum Guidelines published by ENOTHE (Howard & Lancée 2000) and Standards of Practice (COTEC 1996). All available European professional profiles were analysed and curricula for master's degrees in occupational therapy were consulted during this phase of development.

Throughout the process of developing the subject specific competences there was a conscious attempt to be proactive. While the competences should reflect current practice, it was believed that the competences should also provide a future direction for the profession. A current practice trend that was reflected in the competences is for occupational therapy to move away from traditional models of medical services to include community based and socially orientated practice. It is also intended that the competences should provide a general, overall direction or framework for education, enabling the incorporation of future changes and developments.

Additionally it is evident that when developing an overview of the profession and the profile and competences required of the graduates, un-

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derlying theoretical concepts were discussed and analysed. It was inevitable that specific terminology was used and that underlying theoretical foundations were evident. However at all times attempts were made to use as wide a theoretical base as possible without reference to, or reliance on one specific school of thought.

At this stage considerable critical discussion also focused on the most useful way of categorising the competences. Competences may be categorised in a number of ways and the TUNING Occupational Therapy Project Group saw that organising competences under both the Dublin Descriptors (Joint Quality Initiative Group 2004) and the TUNING clusters (instrumental, interpersonal and systemic competences) were useful when describing competences. However, in this project the following clusters of subject specific competences were identified and defined to describe the profession and discipline of occupational therapy:

1. Knowledge of occupational therapy
2. Occupational therapy process and professional reasoning
3. Professional relationships and partnerships
4. Professional autonomy and accountability
5. Research and development in occupational therapy/science
6. Management and promotion of occupational therapy

These conceptual clusters are in line with terminology used in occupational therapy to describe the profession in other relevant documents (CAOT 2002, Hocking & Ness 2002). Categorising the competences in this way signals six important, sometimes overlapping areas of focus at all three cycle levels.

Following the development of the first draft of the subject specific competences, a consultation process was established with all relevant stakeholders. Initially feedback on the drafted competences was received from focus groups held during the ENOTHE annual meetings in 2004 and 2005, which included all participants and represented 170 higher educational institutions that are members of ENOTHE as well as the COTEC delegates. Likewise, the competences were discussed at COTEC council meetings in 2004, 2005 and 2006. ENOTHE and COTEC members also commented through e-mail on the drafted competences as well as selected experts who provided further feedback and advice.

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Following the TUNING methodology an on-line questionnaire was conducted in May 2005. Three groups, occupational therapy practitioners, academics and students in occupational therapy programmes, had the opportunity to rate the importance of the generic and subject specific competences. These groups, in 33 European countries, were motivated by the TUNING Occupational Therapy Project Group through the national occupational therapy associations to answer the questionnaire. To facilitate response the generic and subject specific competences were translated into 22 European languages and were available on the ENOTHE web site.

In the questionnaire the respondents were asked to:

— Rate the importance of each of the 30 generic competences

— Rate the importance of each of the 54 subject specific competences for first cycle education

— Rate the importance of each of the 54 subject specific competences for second cycle education

The rating scale used was from 1-4 (1 = no importance, 2 = weak, 3 = considerable, 4 = strong importance)

In addition, the respondents were asked to rank the following:

— The five most important generic competences

— The five most important subject specific competences

Deusto University completed the statistical analysis and the TUNING Occupational Therapy Project Group made further interpretation of the results. A total of 1450 responses to the questionnaire were received. The questionnaire related to generic competences was completed by a total of 924 occupational therapy practitioners, 193 academics and 333 students. The questionnaire related to subject specific competences was completed by a total of 546 occupational therapy practitioners, 154 academics and 244 students.

The results rating the importance of the competences revealed that for first cycle education all subject specific competences received average scores higher than 2.4 from all three groups (Graph 1). The majority of the competences scored 3 or higher. The competences receiving the highest ratings were those related to ethical and client centred practice and those related to the implementation of the occupational therapy process.

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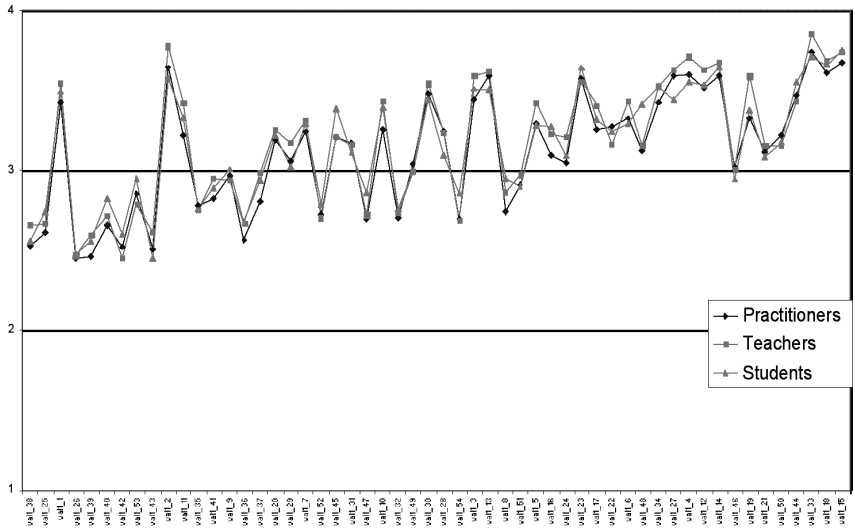

Graph 1
Occupational Therapy: Specific Competences 1st Cycle, Ratings
According to differen types of respondents: Practitioners, Teachers, Students
Ordered according descending Standard errors for Students

There was also high correlation between the 3 groups (Table 2) in the rankings, where results (Table 3) reflected those found in the ratings

The competences receiving the lowest ratings and rankings were competences related to planning and undertaking research, management and the initiation of advanced discussions e.g. in the public and political environment.

Table 2
Spearman correlation coefficients between 3 rankings of subject specific competences

	Ranking practitioners	Ranking teachers	Ranking students
Ranking practitioners	1		
Ranking teachers	0,8919	1	
Ranking students	0,9069	0,7761	1

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Table 3
Top 6 ranked subject specific competences - showing ranking by each group

Subject specific competence	Practitioners	Teachers	Students
Apply appropriate steps of the occupational therapy process in close collaboration with individuals/ groups/ organisations/ communities, including screening, assessing, identifying needs, formulating goals, planning, implementing interventions and evaluation	1	1	3
Work according to the principles of client centred practice and to promote empowerment	2	3	1
Explain the theoretical concepts underpinning occupational therapy, specifically the occupational nature of human beings and their performance of occupations	5	2	5
Apply and adapt the occupational process to suit the client, the purpose of intervention and the environment in which it takes place	3	8	2
Enable individuals/groups/organisations/ communities to be engaged in occupation through health promotion, prevention, rehabilitation, treatment and coaching/ training	7	5	4
Use professional reasoning effectively throughout the occupational therapy process	4	4	9

For the second cycle, all subject specific competences received average scores rating their importance at higher than 3.3. (Graph2)

Competences receiving the highest scores related to evidence based practice, research (methodology, dissemination), influencing social policy, the promotion of occupational justice, the promotion of occupational therapy, the exploration of emerging markets, and management (budgeting, supervision, service evaluation). These competences received the lowest scores for first cycle education, which is in line with our understanding of the different cycle levels.

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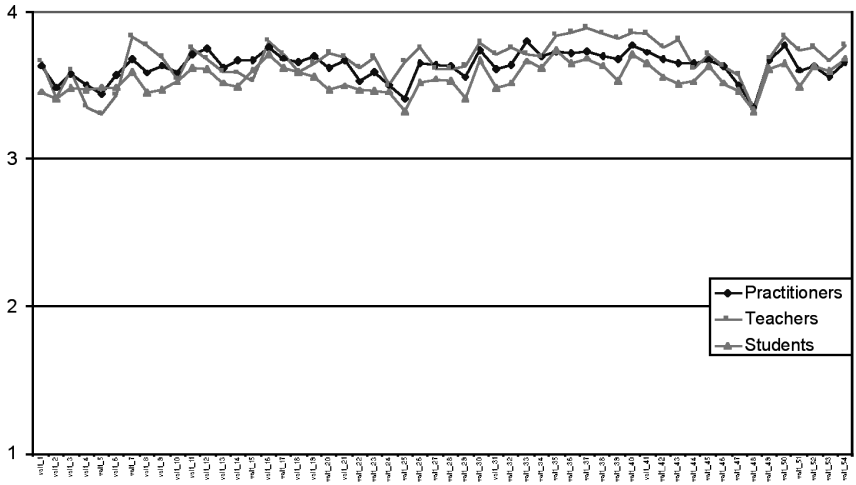

Graph 2
Occupational Therapy: Specific Competences 2nd Cycle
According to differen types of respondents: Practitioners, Teachers, Students

Since the average rating for the importance of the competences was high (around 3 and higher), at both levels, this indicated overall support for the subject specific competences.

Regarding the ranking of the generic competences there was again high correlation between the three groups (Table 4):

Table 4
Spearman correlation coefficients between 3 rankings of generic competences

	Ranking practitioners	Ranking teachers	Ranking students
Ranking practitioners	1		
Ranking teachers	0,9333	1	
Ranking students	0,9435	0,8665	1

and the following competences were ranked highest for all three groups (Table 5).

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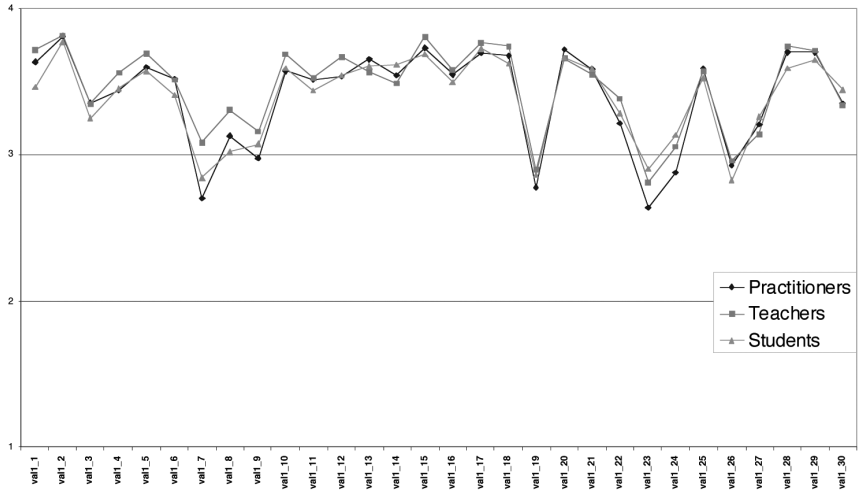
Table 5
Top 5 ranking of generic competences - showing ranking by each group

Generic competence	Practitioners	Teachers	Students
Capacity for applying knowledge in practice	1	1	1
Capacity for analysis and synthesis	2	2	5
Problem solving	3	3	2
Grounding in basic knowledge of the profession in practice	4	5	7
Interpersonal skills	6	4	3

These top ranked competences were also amongst those rated as the most important generic competences by all three groups, along with ethical commitment and teamwork. All generic competences received ratings of over 2.5 (Graph 3):



Graph 3
Occupational Therapy: Generic Competences (Importance)
MEans according to respondent type: Practitioner, Teacher, Student

Generic competences that were both ranked lowest and also were considered as the least important (although still receiving scores over the 2.5 level), related to: leadership, elementary computer skills, project design and management, knowledge of a second language, ability to work in

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an international context and understanding of cultures and customs of other countries.

The high rating and importance given to all generic competences has necessitated the development of the wide range of learning and teaching strategies throughout Europe. In addition to this, there is a growing trend for entrants to occupational therapy programmes to bring with them a diverse and rich portfolio of life, learning and professional knowledge. This also influences the curriculum design.

The competences were further discussed and validated in focus groups at the ENOTHE Annual Meeting (September 2005) and at the COTEC autumn council meeting, which included representation from all European countries (October 2005). A clear recommendation was given to reduce the number of competences by merging them and to clarify the level descriptors. The project group followed up this feedback at meetings (in November & December 2005) together with critical reflection and discussion on the results of the questionnaire. As a result the 54 competences were reduced to 35, as a number of competences were combined and refined in order to improve clarity and to avoid overlap between competences.

From December 2005 to March 2006, a further element was added to the consultation process. A questionnaire was distributed to employers and client groups from 28 European countries asking if the 35 competences reflect the expectations they have of an occupational therapist. Responses were received from 18 countries and demonstrated a clear recommendation supporting the competences.

These stakeholders were not asked to rank the competences but they were asked to endorse each competency as being relevant to occupational therapy practice. The results of this consultation gave a strong validation to the competences related to practice with some questions being asked of the relevance of research and management skills. These competences were seen as less relevant to the practice of occupational therapy.

The competences reflect not only current practice of occupational therapy but also future directions and emerging areas of practice. It is believed that they will be proactive to future developments and will be reflected in graduates of all cycles who are able to creatively respond to the changing needs of society.

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The subject specific competences are as follows:

Knowledge of Occupational Therapy

The occupational therapist is able to:

1. Explain the theoretical concepts underpinning occupational therapy, specifically the occupational nature of human beings and their performance of occupations
2. Explain the relationship between occupational performance, health and well-being
3. Synthesise and apply relevant knowledge from biological, medical, human, psychological, social, technological and occupational sciences, together with theories of occupation and participation
4. Analyse the complexities of applying theories and research evidence related to occupation in the context of a changing society
5. Engage in rational and reasoned debate in relation to occupation and occupational therapy

Occupational Therapy Process and Professional Reasoning

The occupational therapist is able to:

6. Work in partnership with individuals and groups, using occupation in prevention, re/habilitation, and treatment in order to promote participation, health and well-being
7. Select, modify and apply appropriate theories, models of practice and methods to meet the occupational and health needs of individuals/populations
8. Use professional and ethical reasoning effectively throughout the occupational therapy process.
9. Utilise the therapeutic potential of occupation through the use of activity and occupational analysis and synthesis
10. Adapt and apply the occupational therapy process in close collaboration with individuals/ populations
11. Work to facilitate accessible and adaptable environments and to promote occupational justice
12. Collaborate with communities to promote and develop the health and well-being of their members through their participation in occupation

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13. Actively seek, critically evaluate and apply a range of information and evidence to ensure that occupational therapy practice is up-to-date and relevant to the client
14. Critically appraise occupational therapy practice to ensure that the focus is on occupation and occupational performance

Professional Relationships and Partnerships

The occupational therapist is able to:

15. Work according to the principles of client centred practice
16. Build a therapeutic relationship/partnership as the foundation of the occupational therapy process
17. Establish and maintain collaborative partnerships, consult and advise with clients, carers, team members and other stakeholders on enabling occupation and participation in a wide range of contexts
18. Collaborate with clients to advocate for the right to have their occupational needs met
19. Appreciate and respect diversity, individual differences, cultural beliefs, customs and their influence on occupation and participation

Professional Autonomy and Accountability

The occupational therapist is able to:

20. Prepare, maintain and review documentation of the occupational therapy process
21. Comply with local/regional/national/European policies and procedures, professional standards and employers' regulations
22. Demonstrate continuing lifelong learning to enhance occupational therapy
23. Practice in an ethical manner, respecting clients and taking account of professional codes of conduct for occupational therapists
24. Demonstrate confidence in self-management, self-awareness and knowledge of own limitations as an occupational therapist

Research and Development in Occupational Therapy/Science

The occupational therapist is able to:

25. Identify the need for research on issues related to occupation, occupational therapy and/or occupational science and formulate relevant research questions

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26. Search independently, critically examine and synthesise scientific literature and other information relevant to occupational therapy
27. Understand, select and defend designs and methods appropriate to research in occupation and occupational therapy, considering ethical aspects
28. Interpret, analyse, synthesise and critique research findings relevant to occupational therapy
29. Develop new knowledge of occupation and occupational therapy practice, particularly in relation to local and/ or emerging health and social challenges
30. Disseminate research findings to relevant stakeholders

Management and Promotion of Occupational Therapy

The occupational therapist is able to:

31. Determine and prioritise occupational therapy services
32. Understand and apply principles of management to occupational therapy services, including cost-effectiveness, administration of resources and equipment, and establishing occupational therapy protocols
33. Engage in a continuous process of evaluation and improvement of the quality of occupational therapy services, involve clients where appropriate and communicate the results to relevant stakeholders
34. Take a pro-active role in the development, improvement and promotion of occupational therapy
35. Consider developments and influence policies in health and social care, society and legislation at international, national and local levels that affect occupational therapy services

3.4. Development of the Occupational Therapy Profile

The profile of each discipline is arranged and discussed according to a template developed by the TUNING Management Team. A good deal of the information used to develop the occupational therapy profile was

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based on the existing and ongoing work of ENOTHE and COTEC and the documents and publications produced by these two groups.

However, the development of cycle level descriptors was a complex and comprehensive project, which developed parallel to, and based on, the subject specific competences. The competences are formulated as overall competences for all three-cycle levels while the cycle level descriptors are formulated as learning outcomes for each of the three levels. The cycle level descriptors are based on the Framework for Qualifications of the European Higher Education Area (EQF for HE) (Bologna Working Group on Qualifications Frameworks 2005) including the Dublin Descriptors (Joint Quality Initiative Group 2004). The cycle level descriptors were developed according to the generic competences and the subject specific competences, and were based on available European curricula of occupational therapy Bachelor, Master and Doctoral degree programmes. Third cycle level descriptors were formulated following consultation with experienced researchers and educators in the field, the ENOTHE project group European Cooperation in Occupational Therapy Research and Occupational Science (ECOTROS) and relevant documentation e.g. «A Survey on European Masters Education in Occupational Therapy» (Runge & Tove 2003). Responses received during the consultation process on the subject specific competences, including the on-line questionnaire, and discussions in focus groups at the ENOTHE annual meeting in Vienna 2005, also provided valuable validation and guidance during the development of the cycle level descriptors.

In April 2006, the Profile of Occupational Therapy, which includes the subject specific competences, was completed and made available on the TUNING website. In April 2007, the Profile of Occupational Therapy was revised and refined particularly with regard to the cycle level descriptors. This was based on experiences gained during the year, discussions at the ENOTHE annual meeting in September 2006, and a clearer understanding of the Quality Framework including the Dublin Descriptors.

3.5. Cycle Level Descriptors

These level descriptors are organised according to the generic (Table 1, p.21) and the specific competences listed above.

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First Cycle Level Descriptor in Occupational Therapy

Generic:
The occupational therapist at this level:

— Has the ability to gather, interpret and apply relevant data from health, social and occupational science and to reference sources accurately and systematically

— Reflects on and applies basic knowledge in practice and is especially skilled in problem solving

— Is especially skilled in interpersonal competences, including oral and written communication with professionals and service users, in group work and in interdisciplinary teamwork, demonstrating appreciation of cultural differences

— Adapts to new situations, is creative in finding the best solutions and makes decisions in collaboration with team and client

— Works with a high degree of autonomy, is self-critical, and applies procedures for quality assurance

— Is competent in planning, implementation of, reporting on and evaluating a project

— Has basic research skills including abilities to critique and apply research findings for evidence based practice

— Uses computing skills and information management skills for reporting and searching for information

— Has a working knowledge of English in order to keep up to date with the professions' body of knowledge

Knowledge of Occupational Therapy
The occupational therapist:

— Demonstrates relevant knowledge and understanding of the theoretical foundations of the profession, especially the nature of occupation and its relation to health, the purpose of the occupational performance, and the complex relation between the person, the environment and occupation

— Demonstrates knowledge and understanding of the complex relationship between population health, social cohesion and occupational rights and the community, their occupations and the environment

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— Understands the individual holistically, taking into account their mental, physical and spiritual needs and abilities

— Has knowledge and understanding of the environment and its influence on occupational performance

— Has a broad knowledge and understanding of functioning, disability, environment and health and of the relationship between them

— Is able to justify their occupational practice by debate and discussion, giving rationales and/or evidence

Occupational Therapy Process and Professional Reasoning
The occupational therapist:

— Implements the occupational therapy process to meet the needs of clients with occupational challenges due to health, social situations and/or the environment. The process includes screening, assessment, identifying occupational needs, negotiating and formulating goals, planning, implementing interventions and evaluating outcomes

— Uses everyday activities (such as cooking) to restore function or to formulate new ways of doing, employing fully the adaptive and creative potential of the individual

— Identifies physical, social, attitudinal, cultural and legislative environmental factors that affect occupational performance and works to adapt the environment to enable function

— Integrates professional reasoning with the occupational narrative of the client. This guides the selection and implementation of theories and models, occupational and activity analysis and synthesis in order to provide best possible practice for each individual client or population

Professional Relationships and Partnerships
The occupational therapist:

— Establishes and maintains a partnership with the client and their family as the foundation of practice. Principles of client centred practice are fundamental to this relationship, in particular, respect for individual differences and values, and their influence on occupation and participation

— Builds partnerships with stakeholders and offers consultation and advice related to occupation and occupational performance. Employs methods to integrate the clients' perspective

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— Identifies and manages ethical dilemmas that arise within their professional relationships

— Can communicate information, ideas, problems and solutions in occupational therapy within interdisciplinary and multidisciplinary teams as well as to non-experts, and also to occupational therapy students

Professional Autonomy and Accountability
The occupational therapist:

— Practices in accordance with national and international policies, regulations and codes of ethics for occupational therapists

— Follows procedures laid down for documentation of the occupational therapy service

— Works within the limitations of own knowledge and skills, and refers to other professionals when required

— Demonstrates a high degree of autonomy in identifying appropriate needs led learning opportunities and in engaging in a process of life long professional development

Research and Development in Occupational Therapy/Science
The occupational therapist:

— Participates effectively in research projects

— Participates in conferences, workshops and promotes continuing professional development in the workplace

— Can critique qualitative and quantitative research evidence to inform and develop practice using principles of evidence-based practice, understanding limitations of evidence for current practice

Management and Promotion of Occupational Therapy
The occupational therapist:

— Carries out promotional activities regarding the population's needs and rights for everyday occupations and the relationship of these occupations to health and well-being

— Determines, prioritises and promotes occupational therapy services related to the clients needs

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— Undertakes supervision of occupational therapy students, helpers, assistants, volunteers and others

— Understands and implements strategies to proactively promote the provision of services, particularly at a local level to respond to local health and social challenges

— Understands and implements management strategies and methods

Second Cycle Level Descriptor in Occupational Therapy

In addition to the level of competence demonstrated by occupational therapists that have completed first cycle education, those completing the second cycle will demonstrate the following:

Generic:
The occupational therapist at this level:

— Can apply their advanced occupational knowledge and understanding of the therapeutic potential of activities and their problem solving abilities in new or unfamiliar environments within a broader context

— Has reached a higher and more complex level of research skills, project design and management. Is experienced in the research process, including design, data collection, and analysis

— Seeks and finds various sources of evidence

— Judges levels of evidence of interventions

— Provides leadership and inspiration in an interdisciplinary team and multidisciplinary team and is able to foster a learning community in the workplace

— Has a mature, innovative and entrepreneurial spirit as well as creativity for new ideas and an ability to handle complexity. Is able to make judgements with incomplete or limited information

— Is concerned with quality in all areas of research and practice, developing and evaluating methods used

— Demonstrates knowledge of a second language (English) that is sufficient to permit participation in oral debate at international conferences, or teaching in a European or international setting

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Knowledge of Occupational Therapy
The occupational therapist:

— Locates occupational therapy theory within the wider academic discourse. Critically engages and challenges existing theories related to occupational science and occupational therapy

— Has advanced critical thinking skills and a depth of knowledge that permits consideration and debate and demonstrates originality in the development of proposals for change

— Participates in debate related to occupational therapy/science within a wider health and social context including oral discussions at national and international conferences and publications in national and international research journals

Occupational Therapy Process and Professional Reasoning
The occupational therapist:

— Applies knowledge of clinical reasoning research, such as procedural and narrative reasoning

— Critically appraises emerging theories and practice developments, both in generic and specialised areas, and leads their implementation in practice

— Facilitates interdisciplinary debate and intervention focusing on the complex needs of the client

— Can work in new or unfamiliar environments both within traditional and emerging areas of practice

Research and Development in Occupational Therapy/Science
The occupational therapist:

— Demonstrates innovation and evidence of critical engagement in developing occupational therapy methods and processes, informed by contemporary research and/or theory

— Can critically discuss research and undertake research under supervision within a certain area of practice or theory development

— Understands and implements the evaluation of the reliability, validity and relevance of intervention methods

— Critically engages in the discussion of, and resolution of ethical dilemmas in the research process

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Professional Relationships and Partnerships
The occupational therapist:

— Plays a proactive role in the personal and professional development of peers, including those in other professions

— Collaborates with, and facilitates client groups to promote their occupational needs

— Can clearly communicate research conclusions and methodology underpinning these, to peers and non-specialist audiences

— Confidently promotes an occupational approach to members of other professions

— Facilitates sustainable network building between occupational marginalised groups and community organisations, in order to develop programmes that will provide for their occupational needs and full participation in society

Professional Autonomy and Accountability
The occupational therapist:

— Is proactive and responsive to change and development of policies at international and national levels

— Includes reflection on social and ethical responsibilities linked to the application of their knowledge or research when making decisions

— Has the ability to continue studying or doing research in a manner that may be largely self-directed or autonomous

Management and Promotion of Occupational Therapy
The occupational therapist:

— Promotes the need for the individual or populations/group to engage in occupations and promotes the relationship between occupation and health in an advanced way. This includes consultation with decision-makers and the media

— Can teach/supervise other professionals and disciplines on the characteristics of occupation and its impact on populations including occupational risk factors

— Is able to develop policies within local, regional or (inter)national contexts from an occupational perspective

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Third Cycle Level Descriptor in Occupational Therapy

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

Generic:
The occupational therapist at this level:

— Demonstrates to co-workers, other stakeholders and other sectors a systematic understanding of occupational therapy and occupational science, and mastery of the skills and methods in qualitative and quantitative research

— Demonstrates independence, originality, creativity, and ability in advanced analysis and synthesis of complex ideas, with a variety of epistemological approaches

— Builds contacts and cooperation with beginner and advanced researchers of own and other disciplines, coordinating complex interdisciplinary research projects

— Is able to reduce theoretical complexities to teaching units appropriate for practitioners and others

— Takes up problems and concerns from practice and develops them into research questions and complex research projects and contributes occupation-related statements to interdisciplinary scientific debates

— Presents at conferences and symposiums, often as a keynote speaker

— Demonstrates knowledge of a second language (English) that is sufficient to enable publications and advanced public speaking

Knowledge of Occupational Therapy
The occupational therapist:

— Contributes to the development of the body of knowledge in the field of occupational therapy/science and how it relates to other phenomena such as health, daily life, welfare, identity and culture

— Contributes to the advancement of knowledge regarding occupation and influences the wider discourse regarding society and health

— Acts as an authority on the link between occupation and health

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Occupational Therapy Process and Professional Reasoning
The occupational therapist:

— Is proactive in developing new procedures and protocols for practice based on knowledge emerging from own or others' research

— Provides theory-driven rationales for occupational therapy practice and performs research in new areas of practice

— Demonstrates advanced therapeutic skills using occupation as media

Professional Relationships and Partnerships
The occupational therapist:

— Builds national and international partnerships and networks through conferences, congresses and symposiums with other occupational therapy researchers and occupational scientists and researchers from other disciplines

— Contributes to and organises scientific symposiums on occupation-based interventions and theories of occupation, health and well-being

— Communicates with peers, research communities and the larger society about their areas of expertise

— Builds contacts and cooperation with representative groups of occupational therapy clients, community organisations, and Non Governmental Organisations in order to involve them in the planning and implementation of complex research projects

Professional Autonomy and Accountability
The occupational therapist:

— Is active in the development of national and international standards, policies and procedures relevant to the profession

— Provides leadership in resolving complex ethical issues in practice and research

— Works independently and with integrity to promote the development of knowledge at the forefront of the field

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Research and Development in Occupational Therapy/Science
The occupational therapist:

— Is able to undertake original research in an area of significant importance for the profession, producing original, creative and groundbreaking work

— Is able to lead scientific investigations regarding intervention programmes and evaluation of assessment tools and treatment strategies in occupational therapy and promotion of health through occupation

— Develops and implements new scientific methods in the field of occupational therapy research and occupational science and disseminates research findings in refereed international publications

— Negotiates with decision-makers of the national health care or welfare system on issues such as legislation for registration and the autonomy of occupational therapy

— Is able to seek out sources of funding for occupational research and design, and to submit projects to potential funding agencies

Management and Promotion of Occupational Therapy
The occupational therapist:

— Promotes everyday occupations at national and European level, including consultation with politicians and decision-makers in health, social care, and economic systems

— Teaches other health professionals, and publishes books on the character and impact of occupation

— Leads the development of theory and management of models of practice or best-practice projects on the promotion of health through occupation and the reintegration/rehabilitation through enhanced occupational performance of individuals, groups, and institutions

— Supervises the research projects of 2nd and 3rd cycle students

— Contributes to or formulates policies concerning equal opportunities in occupational participation at local, national, European level related to global guidelines

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3.6. Further Information on Degrees Offered by the Discipline and Job Opportunities for Graduates

The template developed by the TUNING Management Committee to describe the various disciplines suggested the inclusion of information regarding the profile of the degrees available in each subject area, typical degrees offered and ECTS awarded. Additional information on the role of the discipline in other subject areas and the potential employment opportunities for graduates is also outlined.

Degree Profile(s)

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

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

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

Short cycle courses are available which lead to qualification as an occupational therapy helper or assistant. In some cases, these courses may be recognised as part of first cycle education leading to qualification as an occupational therapist**.**

Degree profiles in occupational therapy vary throughout Europe, arising out of different national traditions of the profession and a variety of educational and degree systems. A few countries have three-year programmes, which give entry level to the profession but do not comply fully with the level descriptors for first cycle. However, throughout Europe, the Bologna process for higher education is being implemented with the aim of harmonisation.

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Typical Degrees Offered in the Subject Area

First cycle
Entry requirement: University requirements, usually 12 years school before entry.
In some cases no criminal record.

— Bachelor of Science in Occupational Therapy

— Bachelor of Health Science

— Professional Bachelor in Occupational Therapy

— Diploma in Occupational Therapy

Second cycle
Entry requirements: Successful completion of first cycle studies

— Master of Science in Occupational Therapy

— Master of Occupational Science

— Professional Master of Occupational Therapy

— Master of Philosophy in Occupational Therapy

— Postgraduate Diploma in Occupational Therapy

A wide range of masters degrees in different disciplines are open for occupational therapists; e.g. master degrees in rehabilitation, education, medicine, public health, social work, management, health science etc.

Following completion of first cycle education a variety of courses are available in higher education, which deepen an area of interest with or without credits for second cycle. There is a move towards converting such courses into components of a second cycle (Masters) award.

They can relate to both areas of professional specialisation and broader areas of interest:

— Leadership, management and administration of health and social services

— Research methods in health and welfare

— Rehabilitation, universal design

— Public health and prevention

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— Counselling and education

— Postgraduate programmes for special groups such as children, older people, challenging behaviour, somatic or mental health etc.

— A range of methodological courses in assessment and intervention

Third cycle
Entry requirements: Successful completion of selected second cycle studies in the subject area

— Doctor in Occupational Therapy

— Doctor of Philosophy

— Doctor of Practice

Occupational therapists in some countries may complete third cycle programmes in other subject areas, e.g. medicine, health science, and social science.

Typical Occupations of Graduates in Occupational Therapy

First cycle

— Occupational therapist: e.g. in general physical and mental health hospitals, rehabilitation, vocational and community health services, schools, health promotion, social services, private practice, voluntary/charitable organisations

— Consultant/advisor and occupational therapist: e.g. in industry, ergonomics, schools, kindergarten, assistive technology, cultural and community sector (inclusion and participation)

— Social and health workers/carers: e.g. in sheltered homes, work training centres, refugee centres, mental health services

— Lecturer/teacher

— Research assistant

Second cycle

— Advanced practitioner, in all fields of practice

— Consultant occupational therapy practitioner: in specialist fields, e.g. neurology, mental health

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— Project leader and promoter within health and welfare services

— Manager/administrator/supervisor: e.g. of occupational therapy services and multidisciplinary health/social services

— Policy/quality officer within health and welfare organisations

— Research assistant: e.g. within health and welfare services

— Educator e.g. fieldwork supervisor, short course leader

— Assistant professor and senior lecturer: e.g. within health and social science education. A masters qualification is preferred in order to teach and/or be a short course leader at bachelor level

Third cycle

— Senior lecturer

— Professor, doctor and associate professor: e.g. within health and social science education, supervisor of master and PhD students

— Researcher and senior researcher: e.g. within health and welfare services, responsible for research and promoter within health and welfare service projects

— Advisor to professional bodies

— Course leader in higher education

— Consultant in occupational therapy practice

3.7. Role of Subject Area in Other Degree Programmes

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

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

3.8. Workload and ECTS

Typical workloads expressed in ECTS are as follows:

— **Short cycle:** maximum 120

— **First cycle:** minimum of 180, often 240 depending on prerequisite and level of autonomy in the profession

— **Second cycle:** minimum 90 for master degree, for a scientific or research master usually 120

— **Third cycle:** minimum 180

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

3.9. Validation Meeting (June 2007)

After several years of defining and testing the TUNING material, the project reached a stage at which it was considered important to invite external experts to comment on the results of the project and to assess their relevance for academic and professional practice. This was organ-

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ised per sector (in our case the health sector) in close cooperation with the TUNING management and with support from the European Commission.

A validation conference was agreed with the following aims:

1. Further validation/completion of TUNING methodology and outcomes of each group with representative and credible (non-TUNING) experts
2. Horizontal contact across subject areas to find communalities
3. Study of the possibilities for a joint proposal for a sectoral framework for the Health Care Sector

For occupational therapy, 11 credible and representative people were invited to take part in the validation panel, among whom were clients, practitioners, lecturers, researchers and students, as well as representatives of regulatory bodies, WHO, primary health sector and policy makers from different parts of Europe. One of them acted as an independent chairperson for the validation meeting.

All panel members received an invitation letter containing information on the background/context of TUNING, the aims and objectives of the conference and the role of the Validation panels. They also received a *general document* describing TUNING, and a document specific to their field/subject area, based on the TUNING template which contained a description of the subject area, profiles and occupations, reference points (competences), and ECTS, teaching and learning examples and quality enhancement.

In order to help prepare and structure the work of the panel a series of questions had been drawn up:

1. Is the description of the subject area complete, clear, and relevant: what do the panel members think about it?
2. Degree profiles and occupations: how clear are they, is anything missing, etc.?
3. Relevance of subject specific competences: should certain competences be emphasised more, or less?
4. Do the panel members think that competences can (or should?) be used in the process of professional recognition?

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5. Relevance of generic competences: should certain competences be emphasised more, or less?
6. In addition, the panel members are asked what they think about the TUNING approach with regard to ECTS (workload), and, of specific relevance for the health care sector: how can ECTS be used in a professional context? How does this help professional recognition?
7. Concerning teaching, learning and assessment: what do the panel members think of the TUNING approach?
8. With regard to quality enhancement the panel members are asked what they think of the TUNING approach

The experts commented and advised on the methodology used and outcomes achieved in the presence of the members of the TUNING Occupational Therapy Project Group. At the end of the day, the panel reported their findings orally to the TUNING Occupational Therapy Project Group and a written report was received three weeks after the meeting. The general conclusion was formulated as follows:

> *«The content of the Occupational Therapy document was judged as very good and clear, indicating a transparent process, hard work and great achievement. It was considered important to a variety of stakeholders, and is based on sound research methodology combining empirical data with the European guidelines for higher education and the standards for occupational therapy education of the World Federation of Occupational Therapy (WFOT). It builds on work that the European Network of Occupational Therapists in Higher Education (ENOTHE) has already achieved, in understanding the state of the art of European occupational therapy education.*
>
> *The validation panel recommended increased clarity around a number of areas. Also, the structure of the document could be refined into clearer sections, distinguishing the process and content sections.»*
>
> *(see Appendix 1, Validation Report 2007)*

In the months following the validation meeting, the TUNING Occupational Therapy Project Group prepared a document incorporating the comments of the expert panel and feedback from the membership of ENOTHE through TUNING workshops held at the annual meeting of the network (Cork, October 2007). This document was sent to the panel members, was approved and is now published with the validation of these named panel members.

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4. Application of Competences

4.1. Designing Curricula in Occupational Therapy

As already discussed, it is not intended that that all occupational therapy programmes should be «harmonised», with the meaning of implementing a unified perspective or a specific European curriculum when applying the TUNING process to occupational therapy. Rather the process is intended to encourage common reference points and common understanding of concepts used in curriculum design and development, such as credit points (ECTS), learning outcomes, competences etc. (Gonzales & Wagenaar 2005, p. 25). However, for occupational therapy education, there are international and often national standards or guidelines to follow in order to meet each country's needed or required level of academic teaching and learning. For occupational therapy educational programmes to be approved by the World Federation of Occupational Therapist (WFOT) they must be in line with WFOT Minimum Standards for the Education of Educational Programmes (Hocking & Ness 2002). These international standards have therefore become an important and relevant source for guidance since the first version was published in 1952. WFOT documents have been developed describing the Process for Approval of Educational Programmes (Hocking & Ness 2004b) and Advice for the Establishment of a New Programme for the Education of Occupational Therapists (Hocking & Ness 2004a) and are available at www.wfot.org. The Occupational Therapy TUNING process is in line with these WFOT Minimum Standards but suggests specific competences for European occupational therapy and sets academic standards that go beyond the WFOT Minimum Standards. In this section we will reflect on how these relevant documents influence the process of developing an occupational therapy curriculum

Gonzalez and Wagenaar (2005) have illustrated with a flow-chart the TUNING Dynamic Quality Development Circle. The chart presents the main steps in designing a study programme.

This section will briefly reflect on the TUNING Dynamic Quality Development Circle flow-chart in relation to occupational therapy, including dilemmas and suggestions regarding curriculum design. As illustrated in the flowchart it is important to note that when designing a curriculum

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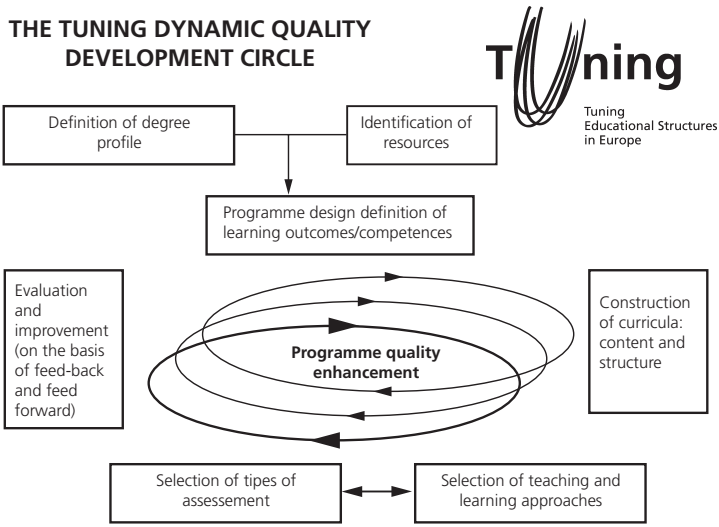

Source: Gonzalez, J. & Wagenaar, R. (2005). *Tuning Educational Structures in Europe II, Universities contribution to the Bologna Process.* Publicaciones de la Universidad de Deusto. Bilboa, Spain. p. 30 and 277

one can seldom start at step1 and then move on to step 2, 3, etc. This is not a linear process; rather it is advisable to have a more dynamic approach since different elements of the curriculum influence each other. Although the stages below are presented lineally, during the real working process it is advisable not to follow these strictly and by step:

1. Definition of Degree Profile

Gonzalez and Wagenaar (2005, p.291) define the following premises when developing the degree profile:

> *The degree programme has a clearly defined profile which is based on the demands set by an academic degree on the one hand and by the needs of society on the other hand by taking the future labour-market of graduates (of the particular programme) into consideration*

Based on advice from UNESCO (1995) the WFOT Minimum Standards suggest that curriculum development be based on the *Local context* of the educational programme. The local context should be described and include information on:

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— Students entering the programme

— Local health and welfare needs

— Local view of occupation

— Local health and welfare, disability and legal systems and services

— Local occupational therapy history

Details of this procedure are to be found in the WFOT document (Hocking & Ness 2002, p. 8, Hocking & Ness 2004b, p. 11)

Based on the local context, the programme and an occupational perspective, it is advised to describe the *Philosophy and Purpose*. This is the core of the programme and should be reflected in all other elements of the educational programme such as the curriculum content and sequence, educational methods, fieldwork, educational facilities and resources and educators. (Hocking & Ness 2002, p. 21-27) For clarification, it may be helpful to differentiate between the occupational therapy philosophy and the educational philosophy and purpose of the programme. The educational philosophy should reflect occupational therapy philosophy, e.g. in seeing occupation as central to learning including an active student learning approach.

Defining the degree and profile also includes decisions regarding the *academic level* of the programme (first, second or third cycle) and the relevant *competences*. It is important to note that the TUNING process provides suggestions for this, including European generic and subject specific competences, however it is up to each country to follow these suggestions. It might be that some countries want to formulate their own competences or choose not to include the competences suggested through the TUNING process. However it is recommended that the competences for each programme be defined as clearly as possible as these may be used in the future in the process of evaluating those graduates who want to demonstrate their abilities in applications for positions, as well as postgraduate education, in other countries. Because of this it is advisable to make conscious and clearly stated decisions if the programme/national guideline differ from the TUNING competences.

In many ways, it is a jigsaw puzzle to compose the degree profile, which is so fundamental, not only for the programme, but also as a starting point for a team of educators. Therefore, it might be a good idea to include as many educators as possible in this process of describing the degree profile.

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The following is an example of the *Philosophy and purpose* from Sør-Trøndelag University College:

The occupational therapy programme at Sør-Trøndelag University College (HiST) is based on the view that all people have a basic need for activities of daily living, and right to occupational justice and participation in society. It is through everyday activities at home, work, learning and play that we foster health, wellbeing and identity.

The occupational therapist's most important tool is to enable participation through the persons' own occupations and involvement. The basis for the education is a broader perspective on health emphasising mastery, problem solving, a sense of meaningfulness and fitting in with one's environment. The education emphasises the practice of occupational therapy in persons' natural environment at work, home, school, kindergarten and local community.

The purpose of the occupational therapy programme, according to the Norwegian standard curriculum, is to educate occupational therapists who are qualified to:

— Enable persons' wishes, occupational justice and social participation in play, learning, work and everyday activities
— Emphasize persons' potential and remaining abilities in order to promote health
— Work in relation to the individual, at-risk groups and the general public
— Work in general health, vocational health, public health, the health of children and elderly people, mental and somatic health
— Undertake promotion of health, prevention, treatment, rehabilitation, habilitation and maintenance
— Work in sectors in health and the social services, culture and education
— Work with an international perspective complying with international standards for education in occupational therapy
— Work in an ethical and client-centred manner
— Take a professionally up-to-date and forward-looking approach to the work, based on research
— Work in dialogue with the field of clinical practice and in conformity with the legislation in effect

Core concepts throughout the programme are:

— Client perspective and client participation
— Meaningful occupation and the right to participation
— Evidence-based practice

Source: Ness, N.E., Alsaker, S. & Redzovic, S. (2005). *Curriculum for Bachelor's Degree in Occupational Therapy. Programme for Occupational Therapy Edcuation.* The Faculty of Health Education and Social Work. Sør-Trøndelag Univeristy College. Trondheim, Norway

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2. Indication of Resources

All educational programmes are different in relation to resources. Economical funding is an obvious resource, but «indication of resources» also relates to other relevant issues that have to do with the uniqueness of each education institution such as:

— Physical environment and buildings

— Technical equipment (technical aides, AV- and IT-resources, library)

— Social resources (sports clubs, cafeteria)

— Human resources (special interests and knowledge of educators, professions and expertise available)

— Resources in the institution of higher education such as opportunities for collaboration with other disciplines, programmes or faculties, IT and library-service, international network

— Local resources in fieldwork and supervision

Questions related to this item might be: What is possible to realise in our programme? What is desirable? What is coherent with the philosophy and local needs/context? It is important that this item is related to the more ideal planning described in the first item regarding the degree profile. The programme can never be better than the available material and human resources. The reflections of resources should therefore be realistic, but also indicate what can be special or unique to this specific programme

3. Construction of Curricula: Content and Structure

From experience, this part of curriculum design is the most challenging and requires a lot of time in planning and in reflection on the outcomes and consequences of decisions made.

Relevant questions here are:

— Should the programme be subject based in a traditional way (anatomy, pathology, sociology, occupational therapy etc) or as modules throughout the programme with integrated subjects in each module? How is it possible to integrate occupational knowledge with biomedical knowledge and social-humanistic knowledge (see Competences no. 1-4)?

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— What are the names and focus of each module and how many ECTS for each? How does this fit to the local context and the philosophical profile?

— What is the best sequencing of modules to gradually develop the necessary knowledge and skills?

The WFOT minimum standards (Hocking & Ness 2002) and the TUNING competences and cycle level descriptors open the way for a modularised curriculum where knowledge is integrated. In many ways this is advisable since occupational therapy has its unique way of integrating or synthesising knowledge from different sources, such as biological, medical, human, psychological, social, technological and occupational sciences (Competence no. 3)

There are as many ways of organising a curriculum as there are occupational therapy programmes, but here is an example of how Sør-Trøndelag University College has divided the modules and arranged the sequence:

Module 1: Introduction to occupational therapy The module introduces the history, ideals and professional roles of occupational therapy, emphasising the occupational perspective and client-centeredness. 4 weeks
Module 2: Activities of daily living and participation The module emphasises the occupational perspective with relevant occupational theories and occupational analysis, including systematic/dynamic thinking. 5 weeks
Module 3: Enabling occupation The module emphasises general occupational therapy, client-centeredness and the occupational perspective. The student is introduced to work models including assessment with occupational interviews, home visits and reporting. 5 weeks
Module 4: Communication and interaction Common credits for students at the faculty of Health Education and Social Work. 1 week
Module 5: Assessing occupational potential - clinical practice The module emphasises students' meeting with clients, assessment of clients, reporting, clinical reasoning and teamwork. 8 weeks

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Module 6: Mental health and communication/ interaction skills
The module concerns occupational therapy in mental health and emphasises skills in communications/interaction. 9 weeks

Module 7: Somatic health and motor skills
The module concerns occupational therapy in somatic health and emphasises motor functions of the muscle and skeleton ands rehabilitation to enable participation in society. 6 + 5 weeks

Module 8: Ethics
Common credits for students at the faculty of Health Education and Social Work. 1 week

Module 9: Somatic health and process skills
The module concerns occupational therapy in somatic health and emphasises process skills (neurophysiologic systems) and rehabilitation to enable participation in society. 7 weeks

Module 10: Occupation and the health of elderly people
The module concerns occupational therapy in the health of elderly people with complex problem situations and systematic thinking. 3 weeks

Module 11: Scientific theory and research methods
Common credits for students at the faculty of Health Education and Social Work. 2 weeks

Module 12: Play, learning and children's health
The module concerns occupational therapy and children's health and emphasises play and learning. 8 weeks

Module 13: Participation in occupation - clinical practice
The module emphasises students' meeting with clients, clinical reasoning, teamwork and trying out systematic occupational therapy and/or individual plans. 12 weeks

Module 14: Work related issues, ergonomics and vocational health
The module includes occupational therapy in vocational health with emphasis on vocational rehabilitation, ergonomics/prevention and health promotion. 5 weeks

Module 15: Occupation and public health
The module includes occupational therapy in public health with emphasis on the interaction between occupation and health, universal design and community planning. 5 weeks

Module 16: Participation and general health
The module includes general occupational therapy focusing on rehabilitation for participation in society. 5 weeks

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Module 17: State and municipal issue Common credits for students at the faculty of Health Education and Social Work. 1 week
Module 18: Project practice The starting point for the module is a topical project relevant for occupational therapy and human occupation in a real fieldwork situation. Duration: 9 weeks
Module 19: Specialised studies in occupational therapy/occupational science *Bachelor Thesis in Occupational therapy* The module gives students the opportunity for updates in current research in occupational therapy/occupational science and in-depth study of a relevant topic in occupational therapy. The module emphasises an international perspective on professional development: 13 weeks

Distribution of modules through 3 years at Sør-Trøndelag University College

Source: Ness, N.E., Alsaker, S. & Redzovic, S. (2005). *Curriculum for Bachelor's Degree in Occupational Therapy. Programme for Occupational Therapy Edcuation*. The Faculty of Health Education and Social Work. Sør-Trøndelag Univeristy College. Trondheim, Norway

4. Programme Design: Definition of Learning Outcomes Based on Competences

Describing learning outcomes based on competences is different to formulating traditional learning objectives based on subjects. Since competences are formulated in conjunction with educational institutions (e.g. ENOTHE) and fieldwork/practitioners (e.g. COTEC) there is already a close link between what is expected from a student and the competences of a practising occupational therapist. Hopefully this will move the content of the programme closer to what is relevant learning for each profession. It is advisable that learning outcomes are formulated as an active ability, skill or behaviour that is observable. This is especially relevant since occupational therapists also often formulate active objectives or learning outcomes in collaboration with their clients.

Competences are seen as the end product of education, reflect the profile of the graduate and form the base or structure for their life long learning. Competences are specified within learning outcomes that are related to the different modules or courses. Therefore, a number of learning outcomes may lead to the development of the same compe-

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tence, as the knowledge and skills of the student develop throughout the programme. Examples of how competences and learning outcomes are linked together in each module are illustrated elsewhere in this publication.

To formulate relevant learning outcomes the TUNING process has described Cycle Level Descriptors (first, second and third cycles), which indicate the different levels of learning. Of course, it is up to each institution if they wish to formulate the learning outcomes in a different way, but the descriptors might be helpful in making choices regarding relevant issues and academic level of content.

It is a good idea to be flexible regarding the learning outcomes and to make it easy to change the planning document. For example, competences can be formulated in the overall curriculum while the specific learning outcomes are described in the specific module plans. This might make yearly changes of learning outcomes easier. There are different reasons for doing this: first, it is necessary to regularly update the learning outcomes according to new research, knowledge and skills in the field. Secondly, from experience, it might also be helpful to facilitate the change of priorities within a module. And thirdly simply because it is challenging to formulate clear and transparent learning outcomes for students, therefore the wording may need to be restated in order to be as explicit as possible.

5. Selection of types of assessment, teaching and learning approaches

This section is described in detail in other parts of the publication.

Here it should be remembered that assessment, teaching and learning approaches should be relevant to the degree profile, content and learning objectives of the programme. Also learning approaches should match the student's prior experience from former education

6. Evaluation and improvement

This section is also described in other sections of this publication.

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Conclusion

The curriculum designed should be a coherent process through which the students of the programme are engaged in a process of learning which leads them to acquiring the competences required of a graduate in the particular context in which they will practice. In practice, the curriculum will be in a constant process of review and redesign, reflecting the emerging and changing knowledge in the discipline and of educational processes and also reflecting the changes taking place in society. Designing the curriculum in a coherent and reflective way, with a clearly perceived process of decision making, will enable future changes and needs to be incorporated in a smooth and ongoing process.

4.2. Designing Modules: How to Move Towards a Competence & Occupation Based Curriculum

Curriculum design in occupational therapy is complex, but there is now a common acceptance in European occupational therapy education that a competency and occupation based curriculum is desirable. By using competences, this leads to the development of the curriculum in units or modules. These units can then be structured in a common way, indicating the student outcome and effort. This then encourages programmes to have units or modules that can be understood by others, and that fit with the European Credit Transfer System (ECTS). This addresses the issue of common, agreed standards and ways of structuring and delivering occupational therapy programmes throughout Europe.

In occupational therapy education throughout Europe, occupational therapy educators are facing all the current issues present in higher education. A move towards E -learning and web based teaching is common, with a tension often arising between teaching skills and teaching theory and reduced contact time being encouraged by the institutions. Problem Based Learning is also popular and most occupational therapy programmes include components and suggestions from this style of learning. There follows an example of an occupational therapy module, which has been developed along a problem based learning model, based on a competence based curriculum.

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PLANNING FORM FOR AN EDUCATIONAL MODULE ©

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Imke Winkelmann

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Programme of Studies:	Occupational Therapy
Name of the module:	Introduction in Problem Based Learning and Conceptual Foundations of Occupational Therapy
Type of course:	Major
Target group:	First cycle Occupational Therapy students
Level of the programme:	Bachelor Level 1 / 1st semester, 10 weeks
Number of ECTS credits:	10 ECTS

Competences to be developed:

1. Generic competences:
   - — Problem solving
   - — Teamwork
   - — Interpersonal skills
2. Subject specific competences:

Explain the theoretical concepts underpinning occupational therapy, specifically the occupational nature of human beings and their performance of occupations

Introductory description of the module

The main objective of the module is to engage the students in the study of occupational therapy through problem based learning, skill training and lectures.

The module is focusing on understanding the core concepts and conceptual foundations of occupational therapy in the national and partly European context and offers a first theoretical basis for the further educational process. This means that the module emphasises features such

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as: problem based learning as teaching method, the development of occupational therapy, occupational therapy terminology and scientific foundations.

	Learning outcomes On successful completion of this module student should be able to:	Learning/teaching activities	Estimated student work time in hours	Assessment methods
Week 1	— Reflect and explain the learning experiences so far in order to define the new student-role — Recognise and describe individual targets for the education programme — Define rules for teamwork	**Team building/skill training-day** **Introduction** «self reflective competence-documentation» Group activities, practicing interviewing others, discussions	8	Use of student's self reflective competence-documentation
	— Reflect their own learning style — Analyse and explain the integration and the developing Higher Education of occupational therapy in the national education system — Point out examples of core elements of occupational therapy	**Lecture 1**: Analysis of the own working/ learning style **Lecture 2**: Educational Situation in Europe: Occupational therapy on the way to Higher Education **Lecture 3**: Core issues/concepts of occupational therapy (part I)	3 3 3	
	— Describe elements of communication of groups — Describe and apply techniques of • Active listening • Open and closed questions — Describe rules for feedback and give feedback — Describe and analyse the phases of group- and presentation processes — Explain and apply presentation techniques — Explain and integrate particular characteristics of the presenter's role	**Introduction to presentation techniques** Lecture, Skill training: practicing presentation techniques, role-play, presenting group work	16	Reflecting team Oral feedback

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	Learning outcomes On successful completion of this module student should be able to:	Learning/teaching activities	Estimated student work time in hours	Assessment methods
Week 2	— Explain characteristics, attributes and quality of PBL learning/self-organised learning — Know and apply the 7-step-approach as basic of PBL learning process — Define and apply PBL roles	**PBL task 1** (as introduction into PBL) «There is a miracle in each beginning… «(H. Hesse); Crucial question: What is PBL? **Tutorial group** (step 1-5): Formulate learning objectives/ questions **Independent studies** (step 6): Reading books and papers, finding additional information outside the group	2 18	Oral feed-back
	— Know and describe different kinds of learning types — Identify and explain different types of discussions — Define core attributes of a successful discussion	**Lecture 1**: a) Working and learning techniques b) Introduction discussion techniques	4	
	— Define and explain WFOT, COTEC, ENOTHE	**Lecture 2**: Occupational therapy in Europe & «worldwide»	3	
	— Point out examples of core elements of occupational therapy	**Lecture 3**: Core issues/concepts of occupational therapy (part II)	3	
Week 3	— Describe the historical background and pre-professional concepts of occupational therapy — Exemplarily describe the professionalisation/development of occupational therapy in Europe the USA and	**Tutorial group** (step 7): Report back to the tutorial group, discussing the results of self-study activities **PBL task 2** «You can only understand life backwards but you have to live it forwards« Crucial question: What is the history and development of occupational therapy? **Tutorial group** (step 1- 5): Formulate learning objectives/ questions	3	

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	Learning outcomes On successful completion of this module student should be able to:	Learning/teaching activities	Estimated student work time in hours	Assessment methods
Week 3	— Describe the main aspects of the establishment of occupational therapy in their own country — Explain the different working areas of occupational therapy — Describe the functions, tasks and aims of the national occupational therapy association — Form and discuss a first view on occupational therapy in Europe — Describe scientific foundations (frames of reference) for occupational therapy	**Independent studies** (step 6): Reading books and papers, finding additional information outside the group **Lecture 1**: Historical precursors/concepts of occupational therapy **Lecture 2**: a) Is occupational therapy an old or young profession? b) Question-based/interactive lecture: development of occupational therapy before and after 1945	18 4 4	Oral presentation and feedback
	— Analyse and explain difference between science and humanities, between mechanistic and holistic thinking	**Lecture 3**: Introduction into scientific working, criteria of scientific working, dealing with scientific literature	4	
Week 4	— Explain the term occupational therapy paradigm — Describe the paradigm shift of occupational therapy — Analyse and discuss different descriptions of the occupational therapy paradigm shift — Name and explain characteristics of the current occupational therapy paradigm — Describe and explain the client centred practice as a component of the current occupational therapy paradigm — Analyse and explain possibilities and limits of the client centred practice	**Tutorial group** (step 7): Report back to the tutorial group, discussing the results of self-study activities **PBL task 3** «Handicrafts or what?» Crucial question: What does the current paradigm of occupational therapy look like? **Tutorial group** (step 1- 5): Formulate learning objectives/ questions **Independent studies** (step 6): Reading books and papers, finding additional information outside the group **Lecture 1** (question-based/interactive): Paradigm shift in occupational therapy, the client centred approach	3 20 4	Oral presentation and feedback

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	Learning outcomes On successful completion of this module student should be able to:	Learning/teaching activities	Estimated student work time in hours	Assessment methods
	— Name and define core terms of occupational therapy	**Lecture 2** Core terms of occupational therapy, (definitions from ENOTHE terminology group/ AOTA-framework)	4	
	— Perform a literature search	**Visiting university-library**: making investigations about occupational therapy/scientific-literature	4	
Week 5	— Describe the connection between different levels of theoretical foundations — Explain, classify and correlate the frames of reference for occupational therapy, approaches and conceptual models — Identify, define and explain the most essential occupational therapy-terms	**Tutorial group** (step 7): Report back to the tutorial group, discussing the results of self-study activities **PBL task 4** «At one sight!!!» Crucial question: How do we visualize occupational therapy -terminology in a good way? **Tutorial group** (step 1- 5): Formulate learning objectives/ questions **Independent studies** (step 6): Reading books and papers, finding additional information outside the group **Lecture 1** Introduction theoretical occupational therapy concepts (frames of reference, approaches, models etc.)	3 20 4	Oral presentation and feedback
	— Name and define core items of the AOTA framework — Describe the AOTA framework — Explain the dynamic relation between occupation, person and environment	**Lecture 2** Introduction AOTA framework	3	

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	Learning outcomes On successful completion of this module student should be able to:	Learning/teaching activities	Estimated student work time in hours	Assessment methods
	— Describe the connection between meta-theories, theories, models, scientific process — Describe the research process and different approaches of research — Explain qualitative and quantitative research	**Lecture 3** a) Scientific working b) Introduction research methods	4	
Week 6	— Define the occupational therapy process — Explain the meaning of a structured procedure in occupational therapy — Explain the different steps of the occupational therapy process — Identify and discuss the depictions of the occupational therapy process of different theorists — Apply the occupational therapy process to a case study and give reasons	**Tutorial group** (step 7): Report back to the tutorial group, discussing the results of self-study activities **PBL task 6** «Step by step in Occupational Therapy») Crucial question: What is the occupational therapy process? Part I: studying theoretical foundations of occupational therapy process Part II, application, case study **Tutorial group** (step 1- 5): Formulate learning objectives/ questions **Independent studies** (step 6): Reading books and papers, finding additional information outside the group **Lecture 1** Meaning of the occupational therapy process, Reflection of working on part II (case study)	2 2 20 4	Presentation of e.g. a «wall newspaper» or «terminology-collage» and feedback «Process-puzzle» based on a case-study
	— Describe and differentiate theories of psychology like e.g. behaviourism, system theory, cognitivism and humanistic psychology	**Lecture 2** Introduction psychological frames of reference	4	

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	Learning outcomes On successful completion of this module student should be able to:	Learning/teaching activities	Estimated student work time in hours	Assessment methods
Week 7	— Point out the fundamental characteristics of models of practice — Explain the meaning of models of practice for the professional group — Name examples of current (national and international) models of practice — To picture/describe origin and development of the Canadian Model of Occupational Performance (CMOP)	**Tutorial group** (step 7): Report back to the tutorial group, discussing the results of self-study activities **PBL task 6** «Why? Wherefore? – He/she who will not ask must remain silly» Crucial question: What is the function of models of practice used in occupational therapy? **Tutorial group** (step 1- 5): Formulate learning objectives/ questions **Independent studies** (step 6): Reading books and papers, finding additional information outside the group **Lecture 1** (question-based/ interactive): Meaning/function of the models of practice, Introduction to one selected model of practice (CMOP); **Lecture 2** Student -presentation (last semester): application of the CMOP in fieldwork	3 20 4 3	Presentation of the «Process-puzzle» and feedback
	— Describe core questions of different disciplines like psychology and sociology — Explain the meaning of these disciplines for occupational therapy	**Lecture 3** «What is pedagogy – what is therapy?» Introduction sociological theories	4	
	— Name and describe the modalities of clinical reasoning — Describe main aspects of clinical reasoning as a dynamic thinking-process during the occupational therapy process	**Lecture 4**: Clinical reasoning (part II)	3	

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	Learning outcomes On successful completion of this module student should be able to:	Learning/teaching activities	Estimated student work time in hours	Assessment methods
Week 8	— Explain the development and current situation of occupational therapy in the own country — Demonstrate the deepening of selected learning outcomes in order to define and explain occupational therapy — Produce and present information material (in English)	**Tutorial group** (step 7): Report back to the tutorial group, discussing the results of self-study activities **PBL task 7** «How can I tell our guests...?») Crucial question: What do we present about occupational therapy in our country and how? **Tutorial group** (step 1- 5): Formulate learning objectives/ questions **Independent studies** (step 6): Reading books and papers, finding additional information outside the group	3 18	Oral presentation results task 6 and feedback Oral presentation in a foreign language (English), use of presentation techniques; Production and presentation of e.g. poster flyer article video during this day/week
	— Explain the main characteristics and core elements of the CMOP — Describe the main attributes of the COPM — Explain the implementation of this assessment	**Lecture 1**: Continuation CMOP, Skill training: application COPM	4	
	— To picture/describe origin and development of the Kawa Model — Explain the main characteristics and core elements of the Kawa Model	**Lecture 2:** The Kawa Model	3	

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	Learning outcomes On successful completion of this module student should be able to:	Learning/teaching activities	Estimated student work time in hours	Assessment methods
Week 9	— Form and express an opinion about PBL — Define, apply and reflect PBL roles	**PBL task 8** «A critical review: Is problem based learning (PBL) a dream or a nightmare?» Crucial question: What is my experience with and opinion about the advantages and disadvantages of PBL so far? **Tutorial group** (step 1- 5): Apply the 7-step-approach to a discussion task	4	Chairing a discussion
	— To picture/describe origin and development of the Model of Human Occuaption (MOHO) — Explain the main characteristics, attributes and core elements of the MOHO — Exemplarily point out MOHO assessments — Exemplarily explain the implementation of the MOHOST	**Lecture 1**: Continuation models of practice: Introduction MOHO, Skill training: application selected assessment (MOHOST)	4	
	— Explain the meaning of occupation for human beings — Define and describe selected concepts of occupation	**Lecture 2**: Theoretical concepts of occupation (Handlungstheorien)	4	
Week 10	— Prepare and carry out the assignment in order to proof that the learning outcomes have been achieved — Evaluate the PBL module	**Independent studies**: Reading books and papers, revision, preparation test/assignment Writing the test/assignment Marking the scales of the reflective competence documentation; Meeting with mentor Marking the evaluation forms	10 3 2	Written test/ assignment Meeting with the mentor, use of student's self reflective competence-documentation, feedback from the mentor

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Key terms:

— Occupational Therapy (Introduction)

— Paradigm-shift

— Person, Occupation, Environment

— Client centred approach

— Frames of reference

— Model of practice used in occupational therapy

— Human Occupation

— AOTA-framework

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Searching in Library, OT journals and web sites; following the learning objective Internet research

4.3. Learning, Teaching and Assessment.

The aim of this section is to consider learning, teaching and assessment in relation to the specific occupational therapy TUNING competences, within the context of European occupational therapy education. The TUNING website (www.TUNING.unideustro.org/TUNINGeu/index.php) offers an insight into European definitions of the concepts of teaching, learning and assessment. Each European country has its own specific methods and features of teaching, learning and assessment, which are grounded in their own national regional and educational culture. The TUNING process in occupational therapy has led to better mutual understanding of these differences.

Learners within the profession of occupational therapy across Europe are in the main adult learners with a range of previous learning experiences. Learning theories, which are applied in curricula design, cover a wide range. In general, the aim is for occupational therapy students to become lifelong learners and a range of experiential and more traditional learning and teaching theories and techniques are used to support this process. Students' learning includes both the *outcome* of learning as well as the *approach* to learning, with Marton and Saljo (in Kember & Gow 1994) suggesting the concept of deep and surface level processing.

The way teaching is undertaken varies according to the learning and teaching theories applied and can vary from traditional lectures

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through to facilitation of experiential learning. Curriculum design revolves around the methods of delivery and the modes of delivery linked to the underpinning philosophy of the learning theory. Methods in teaching are selected to support the learning theory e.g. traditional vs. experiential, problem based learning vs. competence based, online/distance or e-learning. Modes in teaching are about how the methods are implemented and carried through e.g. lectures, seminars, workshops, laboratory teaching. Assessment is an important and integral part of the learning experience in occupational therapy and can be used formatively (diagnosing student problems and offering guidance of subsequent study (Cox 1996) and summatively (informs decisions on the student's future; exams which grade the students at the end of the course or period of study (Heywood 2000). Assessment is also used to augment the learning process as well as measuring its outcome. In the field of occupational therapy, the »Specific Occupational Therapy Competences» can be related to issues regarding the learning, teaching and assessment in European occupational therapy education.

Knowledge of Occupational Therapy

The underpinning knowledge of occupational therapy may well be taught in traditional ways, but also problem based learning, experiential learning and E Learning may be used to help students synthesise and apply knowledge, not just from occupational theories, but also from related knowledge or disciplines. Thus, the students are expected to synthesise this complex knowledge. The knowledge that needs to be addressed tends to focus on occupational theories and science, occupational conceptual models of practice, the history and development of occupational therapy and issues around inclusion in occupation. Ways this is often achieved throughout European occupational therapy education may be through the use of case studies where information and details are synthesised. The teaching and learning may include debate, presentations, discussions and group work perhaps around specific «clients». This could include the study of the client's pathology, their environmental issues and their occupational needs. It may also involve the study of communities or populations, their health profiles, environmental issues and occupational needs. Many programmes will encourage independent study and learning activities and a degree of student centred learning when covering competences in relation to the knowledge of occupational therapy.

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Occupational Therapy Process and Professional Reasoning

The competences related to the occupational therapy process and professional reasoning are achieved through a variety of teaching, learning and assessment methods. The teaching learning and assessment of the occupational therapy process and professional reasoning usually includes exploration of occupational therapy theories' understanding and definition of each stage of the process. This includes all the stages required of occupational therapists, in their intervention with individuals or groups, from the initial meeting, assessment, planning, intervention, evaluation and ending. Developing professional reasoning in occupational therapy students requires the student to draw on their relevant knowledge, in relation to the client, group or population. As this is very demanding for the novice the learning, teaching and assessment strategies are varied. Group work is frequently used to facilitate discussion around ethical dilemmas for occupational therapists, and an in depth understanding of the occupational therapy process is often taught through critical engagement with occupational therapy theorists' work.

The teaching of practical skills and the understanding of occupation is seen as a very important part of European occupational therapy education. Occupational therapy students are required to understand the therapeutic potential of occupation and how to analyse occupations. This is often best achieved through independent student exploration of occupations and practical teaching sessions where students can experience occupations and learn how to analyse them. One of the ENOTHE project groups explored the concept of teaching practical skills (Dehnerdt et al. 2004) and it was discovered that throughout Europe, occupational therapy educators believed that this was a very important component of any occupational therapy programme. It was also seen that many European occupational therapy students greatly valued the opportunity for undertaking and experiencing practical activities.

Recommendations emerged from this project, which can be considered when designing occupational therapy programmes. They were to:

— Include activities which develop skills from all categories of occupation within the programme

— Choose skills that are utterly relevant to the culture and place

— Find innovative places to learn the skills

— Debate the vexing question of level of skill

— Integrate skills and theory

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Another ENOTHE project group looking at activity and occupational analysis in occupational therapy education, surveyed occupational therapy educators in Europe in order to have a clear understanding of trends and needs in teaching and learning activity and occupational analysis. They designed a module using the TUNING format, which allowed for easy integration into European occupational therapy programmes. This module was piloted in a variety of occupational therapy programmes, in 9 institutions and 7 countries, and the outcome will be found in a detailed publication, which includes comprehensive information and teaching material to be published by ENOTHE in 2008. Learning through self experience and reflection is frequently considered as good practice with regard to developing competences in relation to understanding occupation; its meaning, therapeutic potential and value to health. A module like this, placed at the beginning of an occupational therapy education programme, guarantees consistency between learning outcomes and educational activities and it can demonstrate a clear connection between theory and practice.

Occupational Analysis was also the topic of an exciting, innovative ENOTHE project. Occupational therapy students from 19 European countries collaborated to produce a CD Rom of culturally specific occupations (Makraki et al. 2005). The analysis of these occupations was also included on the CD RoM, thus allowing others to observe, learn and utilise this learning resource to explore the core occupational therapy skill of analysis.

Professional Relationships and Partnerships

As competences in this section are related to the building of a therapeutic relationship, it is common for students to participate in workshops and experiential learning. Here role-play, client involvement and audio-visual materials may well be used to demonstrate interactions, observe human relationships and to practice certain therapeutic skills. Practice in, and understanding of initiating and sustaining therapeutic relationships is vital for the occupational therapist, so understanding of human interactions, therapeutic relationships and professional behaviours is essential.

Competences related to difference and culture are seen as very important to occupational therapy education. In considering occupational justice, students need to learn and experience difference, and work to-

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wards accepting and understanding difference. Teaching methods and modes can include workshops, client led discussions, and problem based triggers for group work, E-learning scenarios and traditional lectures. Experiential learning tends to be very successful in achieving these competences. Here mobility and exchange opportunities within the European Life Long Learning Programme (Erasmus and Leonardo da Vinci) offer an enriched experience. This might be for a fieldwork experience or by the student joining an exchange programme for a period. This immersion in another culture offers a real and helpful learning experience, which the student can bring back to their home establishment and share with others and use in their future learning.

Including service users/clients in the learning experience is popular in occupational therapy education. This facilitates understanding of the user perspective and experience, thereby promoting empathy. This can be done in a variety of ways; including inviting service users to share their occupational experiences, as guest lecturers, speakers and facilitators, involving service users in the production of audio visual material (interviews, accounts of experiences etc) and also utilising encounters and student experience from clinical placements/fieldwork.

Interprofessional education is also emerging as a popular theme in occupational therapy education. This is relevant to the occupational therapy competency, which relates to building professional partnerships. This involves various health and social programmes joining together in various ways. This might well include a shared module (or modules) or unit of study, here the students can experience working in a multidisciplinary manner, learning how to forge interprofessional relationships and to establish collaborative partnerships. This is achieved through shared teaching, learning and assessment, with the emphasis being on shared, generic competences.

Professional Autonomy and Accountability

Competences in this section relate to the learner's ability to practice ethically and to be accountable as an occupational therapist. These competences may well be assessed on fieldwork practice, however documenting the occupational therapy process; understanding relevant policies and exploring ethics can all be experienced in an academic setting. Report writing can be practised and critiqued by peers and understanding relevant legislation can be presented, discussed

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and critiqued in a number of ways; using directed study, independent study, tutorial work and seminar presentations. Ethical scenarios can be offered to the learners and discussion and exploration of the relevant issues facilitated.

Self-development and awareness is vital for occupational therapy students and following on from reflective practice and clinical reasoning the student needs to develop self-knowledge. A popular method throughout Europe for facilitating this learning is through reflective diaries, portfolios and journals. Here the student learns to reflect upon incidents, experiences and issues and how they can learn from them through the reflective and reflexive process. By using a theory of reflection, the student can be structured or guided through the process of reflection.

Research and Development in Occupational Therapy/Science

Often the teaching, learning and assessment of research is generic so the challenge for occupational therapy educators in to provide relevant learning, in occupational therapy and occupational science. Research related to occupational issues and the ability to understand and critique research findings is important. So, the specific issue is for educators to offer related «occupational» research for critique and debates and to guide and facilitate appropriate topics for exploration related to human occupation. Again, synthesis is important as often research in the area of occupational therapy involves mixed methodologies and combined research strategies.

Management and Promotion of Occupational Therapy

Wherever occupational therapists may work, it is important that they can prioritise services, understand the principles of management and be aware of health and social care development, in relation to occupational therapy. During their education they may well be asked to evaluate an existing management structure, suggest a new or modified approach to quality enhancement or carry out a small audit. Often they can be requested to promote occupational therapy to others (other health care professionals, politicians, social care workers, prospective students etc.). This variety of learning experiences can be offered as presentations, debates, group sessions, reports etc.

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Some barriers exist in relation to the learning, teaching and assessment of occupational therapy students. The types of academic environments where occupational therapy education is situated throughout Europe are varied. Occupational therapy programmes can be sited in various faculties, schools, departments and subject areas e.g. health sciences, social sciences, humanities and medical schools. Although the diversity is welcome, this can lead to some clashes between institutional or governmental policies and the philosophy of European occupational therapy education. A competence based programme, along with diverse and varied learning, teaching and assessment can present difficulties to some traditional academic styles.

In conclusion, it can be seen that the learning, teaching and assessment of occupational therapy students is varied and complicated. In order to facilitate understanding and knowledge of occupational therapy, the process of occupational therapy, building professional relationships, autonomy, accountability, management and research there has to be great variety in the learning, teaching and assessment offered. The concept of occupation needs to be experienced as well as studied. Learning through doing is an accepted concept throughout European occupational therapy education so practical skills experiences, E-learning, independent study, along with traditional academic teaching and learning is required.

4.4. Fieldwork

Vocational learning has been viewed as less rigorous than academic learning however, the Bologna Declaration values vocational learning and acknowledges the complexity of this learning. Universities should be social institutes and take their place in society. They have a responsibility to give something back to society by educating people to be competent to do the jobs that are required of them.

In common with other health programmes leading to professional qualification, there is an important integral practical/fieldwork component of the programme, which answers to the complexity of vocational learning.

The Nature of Fieldwork

In simple words, one could state: occupational therapists are specialists in «doing». This also applies to occupational therapy education.

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In the first cycle of occupational therapy education programmes fieldwork is an integral component. Fieldwork normally accounts for one third of the total education programme. The World Federation of Occupational Therapists, in their standards for fieldwork stipulates that students should complete a minimum of 1000 hours engaged in fieldwork placements during their studies. Although most curricula follow the WFOT minimum standards, in 2000 it was found by ENOTHE that the fieldwork hours in Europe varied in between 1000 and 1800 hours (Bruggen et al. 2000, p. 27).

Throughout Europe, there are many different ways to organise fieldwork in the curriculum. The organisation of fieldwork depends on the educational, health and social structure in a country and the needs of the population being served. The policies and laws relating both to education and health and social care, influence professional issues in the development of fieldwork. They can also relate to financial issues such as payment of staff and/or students and issues of insurance. Sufficiency of placement provision is a widespread problem, as pressures on therapists increase in relation to productivity and service delivery targets. Normally the student will work with qualified occupational therapists (fieldwork educators) who are responsible for guiding the student during the placement, facilitating learning and assessing the students performance. However, this is not always the case and some students will work with other professionals, receiving weekly supervision from a qualified occupational therapist. In emerging countries or in countries where for whatever reason no or not enough occupational therapy practitioners are to be found to supervise the students, the fieldwork is organised in special projects with students and supervised by the university in close collaboration with the community.

In some countries, the student supervised by an occupational therapist also receives (intensive) guidance from the university during placement. Students will come to the university at regular intervals and spend time in a group peer review, supervision with a tutor and sometimes lectures on a specific theme related to their fieldwork. It is obvious such support only can be offered if the fieldwork is situated near the university.

Fieldwork placements can take place in a wide range of settings and should offer students the opportunity to gain knowledge and experience across the breadth of occupational therapy practice and/or their preferred field of expertise. It is important that the placement provider and the university work closely to ensure sufficient quality placement oppor-

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tunities are available, and that fieldwork educators are offered ongoing support. Some countries have quality assurance systems for fieldwork. However as mentioned many countries have a shortage of fieldwork places in proportion to the amount of students. This means the student may not always have the opportunity to follow his studies in the field of practice he particularly needs to acquire all competences. In this case, additional tasks are given to enable the student to reach the required level of competence.

Fieldwork as an educational instrument brings interesting challenges such as: who assesses the student on placement, if the practice component carries academic weighting, the number of practice hours required, and whether the actual placement can be somehow validated.

Looking at the results of the online questionnaire of the competences the 5 most important generic competences rated highest by all groups (academics, practitioners and students) are:

— Teamwork

— The ability to work in interdisciplinary teams

— Ethical commitment

— Problem solving

— The capacity for applying knowledge into practice

The 5 most important specific competences were also the competences related to practice:

— To explain the theoretical concepts underpinning occupational therapy

— To apply the occupational therapy process

— To enable engagement in occupation

— Ethical practice

— Working to the principles of client centred practice and empowerment

Clearly, the best way for a student to obtain these competences is through «doing» within the fieldwork setting. This is in addition to their theoretical and skills based learning. Fieldwork provides opportunities for students to demonstrate their competence to practice and enables them to put theory into practice. It is arguably the most powerful learning a student will engage in.

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For students who already have experience in a different role such as a nurse, physiotherapist, or technician, fieldwork is by far the strongest instrument to demonstrate their transferable and generic skills and competences. In fieldwork students may find themselves confronted with gaps in their knowledge or attitude which have not been detected during the in university period.

It has been noted that some students who excel in theoretical learning within the university can have difficulties in applying their knowledge in practice and vice versa those who have difficulties in understanding theories and models are more able to make sense of theory when they can see it in action.

Fieldwork learning is so powerful because the student has to operate in a full context of daily practice instead of the simulated situations or isolated skills training at university. They not only have to work with real clients and their family or communities but also manage their own time schedules, the number of tasks they are dealing with ensuring they practice in an ethical manner, complying with any codes of conduct or standards of practice.

Many universities offer their students international exchange programmes in fieldwork. In doing this, students are stimulated to acquire competences related to diversity, cultural differences and issues related to mobility, citizenship and entrepreneurial competences.

Though very important for the future development of OT and health provision, interprofessional work and education is still uncommon in Europe. Some projects with combined education in allied health professions are known and also in fieldwork there are placements where students of different health professions are working closely together, but interprofessional fieldwork or education is not yet commonplace.

During the last 20 years, how students become competent practitioners has been debated in relation to occupational therapy. Central to this debate are the following issues related to competence; what it is, how professionals develop it and how can it be categorised?

The fieldwork placement should enable the student to put theory into practice and demonstrate or articulate this integration using competences or learning outcomes.

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Feedback during the TUNING consultation process indicated that some occupational therapists would argue that the use of competences in fieldwork is too confining and that the competences are a reductionist concept. They would question how competences could capture the full scope of professional practice or demonstrate competence to practice.

Eraut (1994, p. 179) draws our attention to the distinction in American literature between the term competence referring to a persons overall capacity and the term competency referring to specific capabilities. He also cites Gonzi et al. who assert «the competence of professions derives from their possessing a set of relevant attributes such as knowledge, skills and attitudes. These attributes, which jointly underlie competence, are often referred to as competences. So a competence is a combination of attributes underlying some aspect of successful professional performance…(But) attributes of individuals do not in themselves constitute competence. Nor is competence the mere performance of a series of tasks. Rather the notion of competence integrates attributes with performance.» (Gonzi et al. cited in Eraut 1994, p.179). This approach supports the notion that the use of competences in fieldwork is not reductionist but should encompass the whole scope of a students practice.

In many universities, fieldwork is a component of each year of education. Fieldwork in the first year has a different goal to fieldwork in the last year of training. At different stages in our professional development, we demonstrate different levels of competence. Dreyfus and Dreyfus describe a continuum from novice to expert, whilst Pearson stated: «If we can think of a continuum ranging from just knowing how to do something at the one end to knowing how to do something very well at the other, knowing how to do something competently would fall somewhere along this continuum. (Pearson 1984, p. 32) This continuum is a useful concept to consider when developing learning outcomes for the different levels of fieldwork.

To successfully use competences in fieldwork it is necessary to decide what can reasonably be expected of the first year student and so on until the final placement. It is also important to decide which of the competences can best be evidenced in the fieldwork setting.

The TUNING competences can be viewed as a baseline for assessment or points of reference. They define the minimum standard for practice of the newly qualified occupational therapist. Therefore, they can be used in the same manner as other sets of competences or benchmark state-

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ments already developed by professional and regulatory bodies and used in curriculum development and the development of behavioural learning outcomes for fieldwork.

There are a variety of methods used to enable students to attain and assess competences whilst undertaking fieldwork. A number of universities divide competences (or other broad statements of competence) into smaller objectives that are more detailed or learning outcomes that can be achieved by the student. Some build the learning process in structured steps starting from the generic to the specific competences. Other universities choose to take the competences as a whole and differentiate the levels the student should reach in a certain period. Another way to work with competences is to guide the student through situations that grow in complexity.

Whatever the methods used student, teacher, supervisor-practitioner and the educational institution should have a thoroughly discussed and agreed opinion of what is meant by the competences. Universities are known to have special committees where educators and OT practitioners thoroughly discuss these subjects. It would be advisable to give the clients perspective a more profound role in these committees. The student plays a central role in the process of agreeing competence by means of self-assessments and reflection on their own learning process. Student centred learning being one of the main goals of the TUNING process means the focus is not what the student learns but how the student learns best. Also, in fieldwork, student centred learning requires common rules and strategies to be applied with flexibility and adapted to the individual student learning style and the possibilities of the placement situation.

The Learning Contract Process in Fieldwork

The way educational institutions structure their fieldwork periods for the students can vary, but it is common for this process to be structured in the form of a *learning contract*, agreed between the student and the fieldwork educator. This learning contract can be renegotiated at agreed intervals dependent upon the progress of the student and the requirements of the university. Learning contracts can be seen as time consuming and laborious in their execution. However, a learning contract is a valuable tool in establishing the responsibilities and expectations of all parties. Time spent in developing an explicit, mutually agreed learning contract can save time later in a placement, especially if difficulties arise.

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Leeds Metropolitan University give the following as an example of a specific negotiated learning outcome used in the context of a learning contract.

Objective(s)	Resources Required to Meet the Objective(s)	Evidence	Validation
Identify a client with a neurological condition and do a presentation for the team of the clients' condition and the impact of the condition for the client	— Time to go to the library — Access to the internet and relevant literature — Access to power point or overhead projector — Time to prepare the presentation — Discussion with specialist registrar and clinical nurse specialist — Module resources — Literature	— Mary will deliver her presentation to the occupational therapy staff meeting, which will include time for questions.	— The practice placement educator and members of staff will feedback to the student on the content and style of presentation — The practice placement educator will give formative feedback in weekly supervision session the presentations strengths and weaknesses.

Source: West Yorkshire Collaboration for Occupational Therapy Education, Universities of Bradford, Huddersfield and Leeds Metropolitan, (2006), *Practice Placement Educator Handbook, 2006, MSc Occupational Therapy (pre-registration), BSc Occupational Therapy, Course document.* School of Allied Health Professions, Faculty of Health, Leeds Metropolitan University, Leeds

The use of the learning contract enables a written, contemporaneous record to be kept of the students' progress and learning. It serves as a tool for learning, reflection and feedback. It provides the student and educator with a focus for supervision and planning. It enables the university to monitor the quality of the learning experience offered to the student. It is a flexible learning tool that enables the student to design their own learning and yet has a robust process, which clearly determines the desired outcomes of the students' learning. To deepen the understanding and fulfil the meaning of competences in the category occupational therapy process and professional reasoning and professional relationships and partnerships it would be highly recommended to give

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the clients perspective a structural role in the assessment procedure of the student in fieldwork.

Learning outcomes may be written prospectively and evidence recorded retrospectively. There are a variety of tools, which facilitate the use of competency-based learning. These may include:

— Portfolios - both developmental and evidence based

— Peer review

— 360' feedback on (written) products or presentations made by the student. A 360' feedback will include the students own reflections, feedback from their educator, feedback from colleagues, or other students, and feedback from the client.

Generally, the process should be shared and an agreement reached as to what will be achieved in a given period. Some universities use a weekly supervision record sheet to identify areas of achievement or areas needing particular attention. Some set learning outcomes at the beginning of a placement and review them at the half way point, sometimes evaluated together with the supervisor of the university. Whichever methodology is employed, it is important that the student receives formal feedback at their weekly supervision so that they can chart their progress or lack of progress and plan accordingly.

The Use of Learning Outcomes/Competences in the Assessment Process

The TUNING competences are broad-brush statements, which encompass all aspects of an occupational therapists work. In order to use them as a basis for learning outcomes in fieldwork it is necessary to define and interpret each competency in relation to the placement setting, the phase of the education and the health- and social needs of the population being served by the occupational therapist. It is useful to start the process by identifying the learning opportunities available to a student on placement in combination with the profile of the student analysed in strengths and weaknesses and competences achieved in other (placement) settings. These stated opportunities of the placement and students' personal profile will determine which of the competences a student could expect to achieve either in part or in totality.

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To assess competences in fieldwork there can be a range of methods used. Practical demonstration, performance of skills while being observed and production of case studies underpinned with evidence, fieldwork reports, reflective journals are the ones most used, but also written assignments, critique of research, analysis of data are common.

It has to be clear from the outset that not every competence needs to have detailed learning outcomes that have to be reached and proven by evidence one by one. There is also a need to identify areas of cross-referencing i.e. occasions where a single activity will provide evidence for a number of competences. For example, a student presenting information about a clients' progress, at a case conference in a multidisciplinary team may be providing evidence for the following competences:

Generic Competences	Subject Specific Competences
— Information management skills — Problem solving — Oral and written communication in your native language — Teamwork — Interpersonal skills — Leadership — Ability to work in a multidisciplinary team — Ability to communicate with non-experts — Appreciation of diversity and multicultural issues — Ethical commitment — Capacity for applying knowledge in practice — Critical and self-critical abilities	— Explain the theoretical concepts underpinning occupational therapy — Explain the relationship between occupational performance, health and well being — Synthesise and apply relevant knowledge… — Engage and influence others in reasoned debate in relation to human occupation and occupational therapy — Work to facilitate accessible and adaptable environments and to promote occupational justice — Work according to the principles of client centred practice — Establish collaborative partnerships, consult and advise with clients, carers, team members and other stakeholders on enabling occupation and participation

This is not an exhaustive list and it is clear that writing individual objectives for all these competences would not be feasible or desirable. It is important then to know what is implicit within learning outcomes and for the student and educator to agree which are the key competences to be assessed in any activity.

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Examples of some typical learning outcomes that apply to this activity are:

«*With support, relates well and communicates with team and other agencies*» (Sheffield Hallam University 2006, first year placement)

«*Has influenced dynamics of team in positive and imaginative ways. Proactive in communicating with others*» (Sheffield Hallam University 2006, final year placement)

«*Reports in a clear and concise manner*» (University of Northumbria, 2006, first year placement)

«*Demonstrates the role of the occupational therapist within the team in line with the philosophy of the profession*» (University of Northumbria, 2006, final year placement)

«*Identify the roles of other professionals and the contribution he/she makes to the patent/client in the practice setting*» (University of Teesside 2006, first year placement)

«*Identify and liase with other agencies/professionals over treatment programmes/care packages*» (University of Teesside 2006, final year placement)

The learning outcomes act as «sign posts» or «mile stones» for the students' learning and should specifically identify the students' achievements or areas for improvement. Both students and fieldwork educators are encouraged by some universities to make the learning outcomes specific, measurable, achievable, realistic and timely. This process is referred to in some cases as the formative assessment period.

These examples demonstrate how universities have developed learning outcomes from existing benchmark statements and how these learning outcomes will reflect the TUNING competences. The examples also show how a student progresses their knowledge and skill from their first placement to their final placement. In all the above instances, the university has set the learning outcomes for each placement based on existing competences that were defined by the professional body using WFOT and ENOTHE standards. The TUNING competences also incorporate these international standards.

During the fieldwork period, it is advisable to have assessment discussions with the student and the fieldwork educator at fixed intervals. Tools such as assessment lists with expected learning outcomes and the

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learning contract can be used as guidelines. In the assessment, the difference between formative assessment (level of competence) and summative assessment (learning progress) must be clear for both parties.

All kinds of written products (treatment reports, case studies, written advice reports connected to aids, reflection essays) but also videotapes and photo's can be used as evidence and be put together in a portfolio.

When the student enters the final weeks of their placement they should be well on the way to achieving the predetermined competences for the placement. By this time, they should be able to demonstrate their knowledge and skill related to their level of learning. By using predetermined competences, a university can assume a degree of standardisation and equity of assessment across all placements at a given level. All students will be working to the same final learning outcomes, but may have taken different routes to achieve them according not only to the needs of the individual student but also in different curricula in Europe due to the needs of the local society that have to be met by occupational therapy services and the education, health, and social systems.

Benefits and Barriers to using Competences in Fieldwork

As part of the consultation period within the TUNING process, a workshop was held about using competences to facilitate learning in Fieldwork. During this highly participative workshop many occupational therapy educators, students and practitioners from 10 European countries debated strategies for the practical application of the competences in fieldwork. The participants were asked to explore the barriers and benefits of applying competences in fieldwork and invited to share solutions found.

The workshop concluded that there were definitely more benefits than barriers. The following summarises the findings.

Barriers with solutions where identified:

— Competences were found to be too wordy and too many. *Solutions included dividing them into groupings, starting with more simple competences and building to more complex, breaking complex competences into smaller bite sized pieces of learning.*

— A danger of reductionism, and they were felt to be too restricting as students and practitioners see the competences as a definition,

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— Working with competences made assessment difficult, as there are no «shades» in meeting the competences, you meet them or you don't. *Solution - it was discussed that this was a very absolute view of competences, and that perhaps there are ways of breaking down competences to resolve this issue*

— For the students evidence collection is time consuming. S*olution - involve the supervisors more and ask them to score the evidence*

— The fear that too many competences at the beginning of placement can complicate the making of a realistic plan. *Solution - prioritise at the beginning of placement and to state which competences were already achieved.*

— One of the biggest barriers found was that clinicians/practitioners and educators are not familiar (enough) with competences, they have not enough knowledge. *Solution - educate the clinicians and practitioners. As this is time consuming and so very costly this barrier was found the most difficult of them all.*

Benefits:

— You can use and follow the competences from the beginning to the end of the education programme. They give a complete and explicit plan.

— All schools can use the same competences and so have a standardised outcome, whilst leaving the routes to achievement free.

— There are similar expectations across all organisations

— Minimum standards across all countries.

— Competences are a good basis for academic assessment in the institutions

— The student can use their own way of learning to meet the competences and competences, which are met elsewhere, can easily be incorporated.

— The competences make one think about curriculum building before sending students out on fieldwork placement.

— It was perceived as positive that the competences had an academic foundation.

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Conclusion from the Consultation

It is clear that working with competences fits in the existing structure for many of the universities. The competences also seem to support fieldwork practice although some organisational requirements have to be taken into account. Students and practitioners should see the competences as a positive «help» instead of too difficult to be taken on. Competences are very close to practice as they describe the things occupational therapists do in their daily practice.

Most of the barriers described above were resolved by finding organisational solutions. The fact that working with competences leaves each student and occupational therapy programme free to design their own path to achievement exactly matches the TUNING ethos. Although it will take time for everyone connected to fieldwork to fully understand the competences, address organisational issues and view the competences as establishing common ground, competences and fieldwork seem to have a good future.

4.5. Quality Enhancement

Quality enhancement is at the heart of the construction of the European Higher Education Area in occupational therapy. A wide range of monitoring procedures provided by the universities, regulatory bodies and professional associations exist and are often the subject of discussion and improvement, such as student satisfaction questionnaires; student and external representatives discussion and focus groups, staff views, client groups, reviews of student assessment.

Since 1954, The World Federation of Occupational Therapists (WFOT) has published standards and procedures for the approval of educational institutions throughout the world. The standards have been regularly revised and updated. WFOT Minimum Standards for the Education of Occupational Therapists (Hocking & Ness 2002) are based on UN declarations (e.g. Policy Paper for Changing and Developing Higher Education, UNESCO 1995 and the International Classification of Functioning, Disability and Health, WHO 2002) suggesting that occupational therapy education is relevant to local context, that there are mechanisms to continually improve the quality of the programme, and ongoing links with the international community. The Minimum Standards define Essential Knowledge, Skills and Attitudes for Competent Practice and set 6 basic standards regarding;

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1. Programme Philosophy & Purpose
2. Curriculum Content and Sequence
3. Educational Methods
4. Educators
5. Fieldwork
6. Educational Facilities & Resources

To support the Minimum Standards WFOT has published Advice for the Establishment of a New Programme for the Education of Occupational Therapists (Hocking & Ness 2004a) and Process for Approval of Educational Programmes (Hocking & Ness 2004b).

All programmes recognised by the WFOT are regularly monitored (i.e. 5 or 7 yearly) against the WFOT Minimum standards. Monitoring of programmes against the WFOT standards may be completed in conjunction with other academic accreditation processes or may be in addition to other monitoring processes that are required by government or educational institutions (Hocking & Ness 2002)

Curriculum Guidelines

In 1997, ENOTHE established a working group to determine the content of and publish common curriculum guidelines for pre-registration education in Europe. The intension of the project was to establish a benchmark for harmonisation upon which basis future quality assurance activities could be undertaken. A sound research process undertaken over a three-year period underpinned this process.

The design was qualitative and used the following methods:

— Documentary analysis and literature review

— Focused workshops

— Data collection, collation and review using the Delphi technique

In August 2000 ENOTHE stated that «Mechanisms to audit and enhance quality both at a programme and institutional level are essential. The enhancement of quality should prevail in all activities in education and all systems must be transparent». The Curriculum Guidelines (Howard & Lancée 2000) include an outline of the elements of quality management

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and enhancement, which all occupational therapy education providers are recommended to embed into their education process.

The key objectives of the ENOTHE quality assurance system are:

— To enhance the transparency of education systems and mutual understanding between higher education authorities, institutions and their staff and students

— Contribute to the accountability of higher education institutions to the state and society at large for the quality of the education they provide

— To facilitate the mobility of students and recognition of diplomas and degrees

— To contribute toward the employability of graduates

The stated components of an internal quality assurance system (at institute/programme level) should include:

— Programme manager responsibilities in relation to quality assessment and assurance

— Quality assessment and assurance policies and procedures

— Resource strategies, policies and procedures

— Academic staff systems which involve staff in the process

— Student systems which ensure that student experiences are monitored

— Employers, clients and education purchasers/funders to ensure fitness for purpose and demand

— Mechanism to support and evidence that graduate occupational therapists have a positive attitude towards lifelong learning and promoting best practice

The European Curriculum Guidelines, which were developed, received the support and approval of the members of ENOTHE. Whilst it is acknowledged that all member institutions may not currently be able to fully comply with the guidelines, the guidelines do provide an important steer for mutual recognition of academic and professional standards throughout Europe.

The TUNING project (Gonzalez & Wagenaar 2005, p.276) stated that «an evaluation scheme should be in place to monitor and review the operation of each study programme». ENOTHE Curriculum Guidelines

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(Howard & Lancée 2000) included an outline of the elements of quality management and enhancement, which all providers of occupational therapy are recommended to embed into their education process.

Because processes of quality enhancement still vary considerably across Europe, ENOTHE as a transnational network has seen it as an important task to contribute to the appreciation of the value of quality issues as well as to the elaboration of the concept that these issues need to be meaningful in the particular context.

Hereafter is demonstrated how ENOTHE has embedded the TUNING methodology in their international ENOTHE peer review system.

Peer Review (1st cycle)

In 2001, ENOTHE established a project group to:

— Pilot a quality assurance system that can be employed to support the review and enhancement of occupational therapy education in Europe

— Promote a greater awareness of standards that can be employed to deliver occupational therapy education in Higher Education Institutes in Europe

— Encourage peer evaluation, peer support and internationalisation of occupational therapy education

— Provide opportunities to identify and share good practice

Methodology

The initial phase was to develop a process, and a related subject review tool. The prototypes identified for consideration were:

— QAA (Quality Assurance Agency) Subject Review Process (UK)

— Association of Universities of Professional Education (Netherlands)

— Dental Education in Europe – Thematic Network project

— European Universities Association Quality Assurance project

The outcome of the literature review was the development of a process, which contained the following elements: a self-assessment, a subject

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review visit over four days (peer), and a reporting system, which focused on the strengths and areas for development. It was intended that the process would be a developmental rather than judgmental approach. In order to support the process, handbooks were developed to guide both the host institutions and the peer reviewers.

Five sites were visited. These provided a range of educational experiences and exit awards. Two experienced reviewers led the team, coaching several volunteer reviewers through the process. These volunteer reviewers also attended peer review workshops held at ENOTHE conferences and through the process, received guidance and support from the two lead reviewers.

An evaluation of the peer review process was undertaken. Programme teams were surveyed. Dissemination of good practice was undertaken by publishing the summary reports on the ENOTHE website and subsequent workshops were held to address the feedback given.

Impact of the QA Process

Quotes from the schools visited:

— Was a worthwhile and positive experience

— Was a good team building event

— Highlighted a range of strengths in the programme

— Made interesting observations and positive suggestions to further the development of the curriculum

— Was managed professionally and meetings were held in an atmosphere of mutual respect

— We are now using the experience of the peer review to prepare us for the national review process

— After the review, we felt very good, that we had got a present that we now had to use

Level of Education

A major aim of the project was to support and encourage all institutions offering occupational therapy education to structure and present their curriculum at the level of a Bachelor's Degree.

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Peer Review (Incorporating TUNING)

In 2006, the two lead reviewers met to redesign the documentation using the TUNING competences. The self-assessment document was reworded using both the generic and the specific competences. The overall process did not change.

One institution has been reviewed (March 07) using the new documentation with a second due to be reviewed in November. No apparent difficulties arose as a result of using the TUNING generic and specific competences in the self-assessment documentation. One of the peer review recommendations was to use the TUNING methodology:

«Designing the programme one semester at a time inhibits the development of an overall cohesive strategy that demonstrates transformation through the 3 levels. The team have a wonderful opportunity to introduce and embed the TUNING competences into both the theoretical and fieldwork elements of the programme. We would encourage you to endeavour to include them.»

Quality Assurance Issues in Peer Review

The documentation for both peer review 1 and peer review TUNING contain a section, which examines the quality management of departments offering occupational therapy educational, though this section has been strengthened in Peer Review TUNING.

Reviewers assess the efficacy of internal monitoring and quality assurance arrangements in a wide range of areas:

— Quality management

— Systems and processes for assuring, monitoring and auditing

— Internal quality assurance – students progression and attainment

— External examiner evaluation

Internationalisation of the Curriculum

The peer review system encourages departments of occupational therapy to examine how international their curriculum is and the ease

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of staff and student mobility. This aspect is examined on the visit. The pilot project revealed that ENOTHE had done a great deal to encourage departments to think about this issue more widely. All schools visited had a good level of staff mobility, most also had a good level of student mobility. Students did look for placements in other countries.

This topic was examined more widely in the new (TUNING) documentation e.g.

— Do the competences show international aspects? If so, are they operationalised by knowledge skills and attitudes?

— Does the curriculum use international literature; give attention to multi-cultural society and cross-cultural skills, cases from international contexts?

— Are there international study programmes to increase knowledge and understanding of international regulations, developments?

— Can units of study be carried out elsewhere in the EU?

— Does the institution provide a Diploma Supplement to students?

— Is the programme undertaken in collaboration with other European partners?

— How is student mobility facilitated in the programme?

— How are students advised about mobility?

— How are the key documents of ECTS used for mobility?

— Who is responsible for recognition and what procedures are used?

Staff mobility is also examined.

The TUNING methodology and in particular the peer review report has supported several institutes in occupational therapy education, such as the «Akademie für Ergotherapie, Wien», in their process to become recognised as an official Bachelor programme, while they were before at diploma level.

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4.6. Implementing Competences at a National Level - Two Case Studies

Case Study 1. Bulgaria

Bulgarian Context

The social and economic context in Bulgaria after the political changes in 1989 was marked by instability, unemployment, impoverishment and aging of the population. Many of the capable and knowledgeable young people left the country to study and work abroad. For the past 17 years the country made great efforts to develop its economy and shape society to the European standards.

Since January 2007, Bulgaria is a full member of the European Union and the national policy in the social area is being seriously looked at. This places increasing demands for enabling full participation of all citizens irrespective of their abilities and for ensuring equal opportunities of people with disabilities, which is among the essential priorities of the social policy in Europe. Every person in Bulgaria is important and all persons should have equal opportunities to participate in society.

The officially recognised policy in Bulgaria is expressed in the national strategy for equal opportunities of disabled people (2003) and in the law for integration of people with disabilities (2006). The lack of adequate education is a key risk factor in the fight against exclusion of persons with a handicap. Until now the health and psychological studies in the Bulgarian universities have been mainly focused on disorders, defects, cure and corrections. Studies or subjects focusing on functioning, participation and inclusion of persons with disabilities in society and adapting the home, school and work environment have been completely missing in the universities. The studies in the social sector have been abstract, theoretical and less practical.

Until recently, occupational therapy did not exist as a university programme and as a profession in Bulgaria. Nevertheless, in 2003, the role of occupational therapists in the team for complex rehabilitation was defined in the national strategy for equal opportunities of disabled people. Up to now there is no academic education and trained professionals. In 2005, two medical universities in Bulgaria, in Sofia and in Pleven,

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launched programmes for medical rehabilitators–occupational therapists. In September 2006, the University of Rousse started a Bachelor degree programme in occupational therapy, developed with the support of the European Commission and ENOTHE.

The current context is crucial for the development of occupational therapy in Bulgaria. First of all, introducing a new profession in the labour market needs a very clear and distinct definition of its identity. Secondly, occupational therapy in itself is complex and interdisciplinary, and if not precisely described, could be in jeopardy of being washed away or overlapping with other professions in the field. Recognition of the education and practice in Bulgaria has to be negotiated with three ministries – Ministry of Education, Ministry of Labour and Social Policy, and Ministry of Health. Thirdly, the combined programme in Medical Rehabilitation–Occupational Therapy could possibly bring about confusion and misunderstanding of the unique role of occupational therapists in the multidisciplinary team.

The Bulgarian higher education system is in the process of reform form subject-based to competence-based education. A National Qualification Framework is under development. More and more programmes are focused on competences that have to be developed in the process of education.

In this context the specific occupational therapy competences, elaborated through the TUNING process, proved a powerful tool for promotion and communication with relevant stakeholders.

The Process of Implementing Competences in Bulgaria

Occupational therapy was introduced in Bulgaria in the period 2003–2006 through the Joint Action Programme «Facilitation and Participation of Young Persons with Disabilities in an Enlarged Europe» (FPYPDEE) under the European programmes Socrates, Leonardo and Youth. Main partners in the project were ENOTHE, three Romanian, two Bulgarian and one Hungarian university. The objectives of the Joint Action Programme were to contribute to the reform of higher education as well as to the reform of the social sector through the introduction and implementation of:

— A modular curriculum

— ECTS credits and guide

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— Innovative teaching methods (like active problem and project-directed learning and distance learning)

— A flexible Bachelors/Master/ postgraduate structure for occupational therapy education

— International peer review system

— A local network of universities, practical places and disability groups

— Specialists in occupational therapy who will develop strategies and interventions to include persons with a disability in society

— Small projects as part of the occupational therapy education, which will provide occupational therapy services for persons with a handicap

Two Bulgarian universities - Rousse University «Angel Kunchev» and South West University of Blagoevgrad, being partners in the Joint Action Programme, had the unique opportunity to participate in the process of elaboration, consultation and validation of the European specific occupational therapy competences while working on the promotion of the profession in the country.

The TUNING methodology serves as a helpful tool for designing curricula, consisting of the following stages:

— Meeting the basic conditions (social needs, necessary resources)

— Definition of the degree profile

— Description of the objectives and learning outcomes

— Identification of the generic and subject specific competences to be obtained

— Translation into the curriculum: content (topics) and structure (modules and credits)

— Translation into educational units and activities to achieve the defined learning outcomes

— Deciding the approaches to teaching, learning and assessment

— Development of an evaluation system to enhance quality assurance

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Identification of Social Needs

The process was not smooth and straightforward – lots of papers were written and meetings carried out, both bottom up and top down. Communication and negotiations on all three levels were required:

— *Macro* - ministries, national agencies

— *Meso* - local authorities and organisations of disabled people

— *Micro* - university and department

The efforts on national level were focused on recognition of the profession and the education by the relevant authorities. The professional profile was defined in a job description, which was developed on request of the Ministry of Labour and Social Policy. The profile was used to include the profession in the National Register of Professions, which was adopted in December 2005.

Social needs were explored on local and national level at numerous meetings and workshops with potential clients, employers and authorities. In June 2004 and in December 2005, the Executive Director of ENOTHE and coordinator of JAP together with representatives of the two partner universities had meetings in the Ministry of Education, Ministry of Health and Ministry of Labour and Social Policy. The need for occupational therapy in Bulgaria and the opportunity to start occupational therapy education, compatible to the rest of Europe, was discussed.

The exploration of social needs identified the following client groups as potential consumers of occupational therapy services:

— Disabled children and children with specific educational needs

— Persons with permanently decreased work ability mostly caused by neurological diseases – Bulgaria is first in Europe in number of CVI

— Persons with psychosocial disabilities – identified as the client group with primary importance in Bulgaria at the moment

— Elderly – the growing number of population

— Socially disadvantaged people

In December 2005, validation of the specific competences with relevant stakeholders in Rousse was organised. Altogether 18 representatives of various organisations were involved – heads of schools, the director of

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the hospital, organisations of disabled persons, parents associations etc. Personal explanations and a focus group were used to assist them to fill in the questionnaire. All subject specific competences were valued and rated as important for the occupational therapy practice.

Curriculum Design

The results of the consultations were used in designing of the curriculum and the modules. The first step was development of the degree profile of the BSc programme, which needed to be clearly defined based on the academic demands the established social needs and priorities, and taking the future labour market into consideration. As occupational therapy is a new programme for the university and a new profession for the country, both the academic community and the national authorities had to be convinced in its significance. Learning outcomes were formulated by the academic staff involving student representatives, employers and clients. They were expressed in generic and subject specific competences to be achieved (knowledge, understanding and skills) in the education. Communication at different levels (from micro to macro level) had to be carried out and the competences proved to be a powerful tool in the description and explanation of the programme.

The TUNING Checklist for Curriculum Evaluation (Gonzales & Wagenaar 2005) gives clear and explicit directions in structuring of the curriculum. The main aims were to assure:

— Coherence within the total programme and in the various phases

— Continuous progression with the acquisition of competences

— Well-balanced division of the total workload for the programme as a whole, for and within separate academic years, and for and within both semesters

— Feasibility for a typical student (to complete the programme within the given time frame)

— Well-balanced combination of teaching, learning and assessment methods to achieve the formulated learning outcomes and competences

— Promotion of the profession and enhancing of the graduates' employment opportunities

The process of designing the curriculum took over a year, because the programme is totally new for the university and for the country. Teachers from

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different departments were involved in private and group meetings to familiarise them with the philosophy, mission and vision of the programme and to present the set of generic and specific competences to be attained.

Teaching, Learning and Assessment

The challenge was to choose a good mixture of teaching, learning and assessment methods, and sufficient supervision by the teaching staff in order to assure that formulated premises will be met, and to facilitate and enhance the learning process of the students. In compliance with the «doing» philosophy of the profession, the following methods are envisaged:

— *Teaching*: interactive lectures, presentations, discussions, problem-solving tasks

— *Self study*: working with literature, project work, reflection, presentations

— *Assessment*: course assignments, reflective diaries, observation of practical skills, presentations

Means and Facilities

Assuring necessary means and facilities for the start of a new study programme is a big challenge. It requires a lot of creativity, information and good communication with different stakeholders. Facilities for the theoretical and practical training were provided within the university. Agreements with several institutions and organisations for fieldwork education were signed. At this moment on-site work is of crucial importance for the promotion of the profession in the future labour market. Contacts with local authorities resulted in a donation of assistive devices (wheelchairs, walkers, toilet chairs, mattresses etc.) by the Department for Social Support. Efforts were focused on information resources to assure access to most contemporary and advanced knowledge. Strong international support was provided by distinguished persons in occupational therapy education and research, who generously offered free journal subscriptions and copies of textbooks. We are convinced that the lack of some material resources can be compensated in the beginning by the high quality of information resources.

Quality Assurance

The University of Rousse has developed a quality assurance system in which the primary criterion is the satisfaction of the clients, that is, stu-

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dents, consumers, employers and other relevant stakeholders. Questionnaires for different respondents – students, applicants, alumni and employers, are elaborated. Quality is assessed at different levels – modules and teachers, the programme as a whole, practical training, administrative services etc. This evaluation scheme is very important for monitoring the development of the programme.

The TUNING methodology suggests using various feedback and feed-forward loops. The purpose of the feedback loops is to correct deficiency of delivery and/or design of the curriculum. The feed-forward loops are intended to identify expected developments, which should be taken into consideration when developing new programmes (Gonzales & Wagenaar 2005).

Reflection

Though in recent years Bulgaria has made large efforts to change the higher education system in compliance with the Bologna process, the ideas of competence-based and student-based education are still vague in many of the universities.

Being pioneers in developing occupational therapy as a new profession, we faced a double challenge – to introduce it as a new philosophy of education. In a way it gave us certain advantages, because we didn't have to change or break existing practices. We had the unique chance to participate in the process of elaborating and validating the subject specific competences, which helped us to get deep insight into the profession and the required learning outcomes of the education. We used them in the exploration of social needs through meetings with potential clients, employers and other stakeholders, as well as in the description of the qualification profile for the official recognition of the profession (including it in the National Register of Professions). Thinking in developing competences and prioritising the most important of them for the national context facilitated us in shaping the vision, mission and structure of the curriculum.

The process was not always smooth and straight. Most teachers have difficulties in understanding the concept of competence-based education and changing their point of view. Other teachers, on the contrary, feel an intrinsic need to change, but have no clear vision how to achieve it. More and more colleagues from the University of Rousse are becoming interested in the competences and try to implement them in other

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programmes. In such a way common reference points for different programmes can be established to serve as a basis for combined studies and teamwork in the process of education.

Though sometimes we start from the end – planning the disciplines and then the competences, developed by them, it keeps us aware of what is needed and what we might miss.

The main difficulties are:

— Changing the traditional concept of the educational system, which is mainly subject based

— Lack of teaching, learning and assessment methods for assessing competences – the staff are not prepared, needs time and efforts to change their attitude and the students, being brought into a very reproductive school education system, are not used to self-study, find reflection very difficult and they are startled by what is expected of them. On the other hand they are provoked and interested

— Language difficulties in working with literature

In conclusion, using the competences facilitates curriculum design and communication at all levels and relevant stakeholders.

Table showing development of subject specific competences through *course units and modules.*

SPECIFIC COMPETENCES to be developed in study modules	Fundamental and medical modules	Humanitarian and social modules	Therapeutic media in OT	Theoretical foundations of OT	OT for social inclusion	Environmental adaptations	OT for children & OT for elderly	OT focusing on adults with PD and LD	OT in mental health	Project work in OT	CBR and health promotion	Fieldwork	Final thesis
Explain the theoretical concepts underpinning occupational therapy (OT), specifically the occupational nature of human beings and their performance of occupations			X	X									
Explain the relationship between occupantional performance, health and well-being			X	X									

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SPECIFIC COMPETENCES to be developed in study modules	Fundamental and medical modules	Humanitarian and social modules	Therapeutic media in OT	Theoretical foundations of OT	OT for social inclusion	Environmental adaptations	OT for children & OT for elderly	OT focusing on adults with PD and LD	OT in mental health	Project work in OT	CBR and health promotion	Fieldwork	Final thesis
Synthesise and apply relevant knowledge from biological, medical, human, psychological, social, technological and occupational sciences, together with theories of occupation and participation	X	X	X	X	X	X						X	X
Analyse the complexities of applying formal theories and research evidence in relation to occupation in the context of a changing society					X					X	X		
Engage and influence others in rational and reasoned debate in relation to human occupation and occupational therapy		X										X	
Work in partnership with individuals and groups in order to be engaged in occupation through health promotion, prevention, re/habilitation and treatment		X					X	X	X		X	X	X
Select, modify and apply appropriate theories, models of practice and methods to meet the occupational and health needs of individuals/ populations				X	X		X	X	X			X	X
Use professional and ethical reasoning effectively throughout the occupational therapy process			X				X	X	X			X	
Utilise the therapeutic potential of occupation through the use of activity and occupational analysis and synthesis			X				X	X	X			X	
Adapt and apply the occupational therapy process in close collaboration with individuals/ populations							X	X	X			X	
Work to facilitate accessible and adaptable environments and to promote occupational justice		X			X	X	X	X	X			X	
Collaborate with communities to promote the health and well-being for their members through their participation in occupation					X						X		

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SPECIFIC COMPETENCES to be developed in study modules	Fundamental and medical modules	Humanitarian and social modules	Therapeutic media in OT	Theoretical foundations of OT	OT for social inclusion	Environmental adaptations	OT for children & OT for elderly	OT focusing on adults with PD and LD	OT in mental health	Project work in OT	CBR and health promotion	Fieldwork	Final thesis
Actively seek, critically evaluate and apply a range of information and evidence to ensure that practice is up-to-date and relevant to the client	X						X	X	X			X	X
Critically appraise occupational therapy practice to ensure that the focus is on occupation and occupational performance							X	X	X			X	
Work according to the principles of client centred practice				X			X	X	X			X	
Build a therapeutic relationship/ partnership as the foundation of the occupational therapy process		X					X	X	X			X	
Establish collaborative partnerships, consult and advise with clients, carers, team members and other stakeholders on enabling occupation and participation		X					X	X	X			X	
Collaborate with clients to advocate for the right to have their occupational needs met							X	X	X		X		
Appreciate and respect individual differences, cultural beliefs, customs and their influence on occupation and participation							X	X	X		X	X	
Prepare, maintain and review documentation of the occupational therapy process												X	
Comply with local/regional/national/ European policies and procedures, professional standards and employers' regulations		X										X	X
Demonstrate continuing lifelong learning to enhance occupational therapy												X	X
Practice in an ethical manner, respecting clients and taking account of professional codes of conduct for occupational therapists		X			X		X	X	X			X	
Demonstrate confidence in self-management, self-awareness and knowledge of own limitations as an occupational therapist							X	X	X			X	

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SPECIFIC COMPETENCES to be developed in study modules	Fundamental and medical modules	Humanitarian and social modules	Therapeutic media in OT	Theoretical foundations of OT	OT for social inclusion	Environmental adaptations	OT for children & OT for elderly	OT focusing on adults with PD and LD	OT in mental health	Project work in OT	CBR and health promotion	Fieldwork	Final thesis
Identify the need for research on issues related to occupation, occupational therapy and/or occupational science and formulate relevant research questions													
Demonstrate skills in independent searching, critical examination and integration of scientific literature and other relevant information					X								X
Understand, select and defend research designs and methods appropriate to human occupation considering ethical aspects	X												X
Interpret, analyse, synthesise and critique research findings	X												X
Develop knowledge of occupation and occupational therapy practice			X				X	X	X			X	
Disseminate research findings to relevant parties													
Determine and prioritise occupational therapy services												X	
Understand and apply principles of management to occupational therapy services, including cost-effectiveness, administration of resources and equipment, and establishing occupational therapy protocols		X											
Engage in a continuous process of evaluation and improvement of the quality of occupational therapy services, involve clients where appropriate and communicate the results to relevant stakeholders													
Take a pro-active role in the development, improvement and promotion of occupational therapy			X								X		X
Consider developments in health and social care, society and legislation at international, national and local levels that effect occupational therapy services		X			X						X		X

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Case Study 2. Denmark

TUNING Phase IV: Changing Curricula
Experiences from Occupational Therapy Education in Denmark

In April 2006, the Description of Occupational Therapy Education in Europe based on the TUNING template, including the description of 35 specific occupational therapy competences, was completed and made available for occupational therapists in the European countries. This process included the translation of the competences into a range of different languages.

In Denmark, the TUNING phase IV, which is the dissemination phase, was initiated on the basis of the Description and the translated competences. The implementation process concerning occupational therapy in higher education started along with a national reform of the Educational Act for all seven occupational therapy education programmes in Denmark. In relation to the reform of the Educational Act it was decided by the board of directors, representing the seven occupational therapy education programmes in Denmark, to make a joint national competence based curricula for occupational therapy education. It was suggested to implement the TUNING planning form for an educational module and the form for checking workload into Danish practice.

The process and the experiences accomplished in Denmark will be briefly explored. The first experiences of the implementation process was presented and discussed with the ENOTHE members during the annual ENOTHE conference in Ankara, October 2006. The main comments were on the implementation process related to the use of the teaching and learning and assessment forms just mentioned, there were questions on how to reach consensus in a group of teachers about using the same methods and the consequences involved in changing to a competence based curricula. The process in Denmark is not far enough advanced to answer these questions precisely, but consensus is difficult to reach and changing people's routines and habits according to planning lectures is difficult. It seems to be very important to be able to see the benefits of the changes made, especially in regards to quality development and enhancement.

The implementation process started on the basis of the 35 translated specific competences and the generic competences. The process was expected to indicate required curricular adjustments at institutional,

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programme as well as on a national level. Responsible for the implementation process was a project group covering all occupational therapy education in Denmark, representing a variety of teaching and learning approaches. The focus of the group was the development of a common professional and academic competence profile on a national level, initiate a discussion about the development of teaching, learning and assessment approaches needed in regards to competence based curricula, and finally to describe the adjustments necessary in order to implement the material regarding module planning, measurement of learning outcomes etc. The work of the project group involved directors of all occupational therapy education programmes as well as representatives from the academic teaching staff.

To secure mutual understanding and goals a conference was organised in February 2007, focusing on some of the main TUNING themes: the learning outcomes and competence approach, the use of teaching and learning and assessment methods in competence based programmes and quality enhancement on a programme and national level on the basis of learning outcomes and competences. In the individual occupational therapy education programmes, the academic staff were involved in the implementation regarding the TUNING forms, the development of teaching methods and assessments related to a competence based, and learning outcome described curricula.

The project group made a description of a competence profile on the basis of the suggested 35 specific TUNING and the generic competences, which were discussed and adapted to Danish conditions. The Educational Act for occupational therapy education has been under revision in the spring of 2007, in order to replace current legislation by August 2008. The structure of the Educational Act promoted the use of a competence description as well as description of key knowledge and skills for occupational therapists at bachelors' level. The results of the project group were directly adaptable to this structure, and are used as an appendix to the new Educational Act.

The results of the project group was presented and further discussed at a joint meeting for all academic staff from the occupational therapy education programmes in Denmark in August 2007. The consequences of implementing a competence based and learning outcome described curricula was the theme of group discussions, a lot of interesting issues were brought forward. Especially discussed was the balance between competences and the range of subjects in education e.g. anatomy and

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psychology and which learning methods and assessments were appropriate regarding the development of competences.

A new group was established in order to formulate, discuss and write a national joint curriculum for occupational therapy education on bachelors' level in Denmark. The deadline for this group is November 2007. A halfway meeting was held in September in order to discuss results of the group with stakeholders, e.g. clinical supervisors. The comments from this meeting will be adapted into final national curricula for occupational therapy education in Denmark. Comments from the participants were mainly on the prioritisation of subjects and ECTS workload and the placement of field work practice, in relation to the entire educational planning.

From August 2008, Danish occupational therapy students will start their education, which will be based on 13 modules, described in competences and expected learning outcomes and assessed in newly developed ways.

The implementation process in Denmark lasted a year and involved all education and a large group of academic staff. Tasks where delegated to relevant groups and continuously discussed in larger forum for debate. This procedure was preferred to secure ownership for the involved education programmes and the overall quality of the implementation process.

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5. Developing Second Cycle Education in Occupational Therapy - European Master of Science in Occupational Therapy

In this section, the development of a second cycle education in occupational therapy will be presented and discussed. As an example, the European Master of Science in Occupational Therapy (OT-Euromaster) is used, since this master's programme is developed as a joint master's degree with involvement of four institutions of higher occupational therapy education in Europe. It is an international programme and an academic education for occupational therapists with a bachelor degree in occupational therapy. The reasons for the development of this course will be discussed followed by a description of the programme. The use of the Dublin descriptors will be discussed in relation to the Tuning process. This chapter is based on the article «The European Master of Science in Occupational Therapy, a Vision Came True» published in the Journal of Allied Health, 2007.

5.1. Reasons for an Occupational Therapy-Euromaster

With the ratification of «The Single European Act» in Luxembourg in 1986 and The Hague in 1987, the first profound and wide-ranging constitutional reform of the EU since the1950s, an increased mobility of the European labour force became a reality. Together with other signs of the ongoing process of internationalisation, a political platform was established for further development of cooperation between nations and organisations in Europe. In addition, globalisation and, no less important, competition from the USA and from other regions, made it clear that there was and is a need to improve European health care services including improvement of the quality of occupational therapy services in Europe. With the increasing numbers of disabled persons with chronic conditions in society as a consequence of an increasing average age, there was and is a need for highly qualified occupational therapists who have competences to deal innovatively with complex care and rehabilitation situations. (EC 2003, EC 1999) The EU acknowledged the need

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for more equity of provision for disabled people throughout Europe (EC 2003), and the EU supported the start of this European Master of Science programme. Governments are more and more aware that the quality of life and well being of all clients, including persons with a disability, could be enhanced by the development of occupational therapy services (Dept. of Health 2001) and almost all governments have supported the idea of lifelong learning.

One strategic tool to improve occupational therapy services was to establish an academic programme at master and doctoral levels on top of bachelor programmes. Most new theories and models used by occupational therapists have been developed in North America, Canada and Australia, so a need for an unique European dimension was crucial, since these theories and models always needed attuning to European cultures, rules and regulations, despite the fact that occupational therapy began its history in Europe. A European master's degree would foster a research culture in occupational therapy, which could restore this earlier interest in the occupational nature of human beings. This could benefit the society as a whole, as it has already been demonstrated that occupations have a powerful role in promoting health and preventing deterioration of function (Wilcock 1998).

The need for a «European» Master of Science degree in occupational therapy (OT-Euromaster, student handbook 2006-2008) included:

— Furthering the study of human occupations within different cultures and societies

— Creating possibilities to understand diverse healthcare systems and educational systems and their effect on occupational therapy practice in order to appreciate diversity

— Developing evidence-based practice through European occupational therapy research

— Developing multicultural awareness

— Upgrading occupational therapy education in the discipline of Occupational Therapy in Europe also for the 2nd (Master) and 3rd (PhD) cycle according to the Bologna process (EU 1999, EU 2005)

Looking back at the planning phase, which lasted from 1994 to 1999, it is clear that this OT-Euromaster course was much needed (EC 2003). The situation for European occupational therapists until the mid 1990s was that they could only obtain a master's degree in occupational therapy

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in the UK, Finland and Sweden. Career opportunities for all the other 80,000 occupational therapists in Europe stopped at diploma or bachelor level (Runge 2004). This meant that only very few occupational therapists could obtain an academic position and, consequently, very few European occupational therapists were involved in research and the development of evidence based occupational therapy. This was very much in contrast with the need to improve occupational therapy services, to deliver quality of care, and to meet the demand from consumers, insurance companies and society at large to produce the evidence of the effectiveness of occupational therapy interventions concerning rehabilitation, treatment, health promotion and community care. It was also in contrast to what many occupational therapists wanted for themselves and their careers. Many promising occupational therapists left the profession in those years.

At the same time, the development in the EU made great progress in terms of harmonising higher education. From 1999, following the decision of the Bologna Declaration (EU 1999), it became clear that in addition to the need to harmonise higher education in Europe, there was - and still is - a cross-national political will in Europe for change. This is reflected by the «Bologna Process» with decisions from the meetings of EU Ministers of Education in Dublin, Prague, Berlin, Bergen and London (EU 2005). One recommendation of the Bologna Declaration was to develop joint degrees (EU 1999). Out of this European spirit combined with the lack of opportunities for academic education in occupational therapy in Europe the idea of establishing a consortium for academic education in occupational therapy evolved within the Socrates network of four European occupational therapy educational institutions. This was done in a spirit of cooperation and sharing based on the experience of student and staff exchange within the EU's Socrates funded network. The plans were developed between the occupational therapy departments of Hogeschool van Amsterdam (The Netherlands), Centre for Higher Education CVU South, Naestved (Denmark), Karolinska Institutet, Stockholm (Sweden), and University of Brighton (UK).

The aims of the programme were formulated as follows:

— To prepare occupational therapists to use appropriate research methodology and methods to evaluate practice as well as the occupational therapy discipline in their own country, and to develop it and compare it with other European countries and globally

— To deepen their understanding of the consequences of European policy and legislation in their field of work

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— To foster European collaboration in occupational therapy research projects

— To develop a European dimension and cohesion within occupational therapy theory and practice

— To deepen understanding of occupational therapy methods for providing better health in general

5.2. Description of the Course

From the start, the focus was on creating a solid course structure. This structure is built on an integration of practice-based theory and research.

The structure

The overall design of the course reflects the belief that acquisition of research skills interwoven with professional issues must underpin all aspects of the course. Although the course is modular, research is woven into the fabric of each module. Research methodology forms the warp of the course design while concepts of human occupation and cultures in Europe form the weft. In other words, in every module research is the vehicle through which understanding of occupational therapy and occupational science is deepened. This was a conscious choice and can be discussed from different perspectives. An alternative would have been to use professional issues as the vehicle, but that was not the aim of this OT-Euromaster course. The aim was to establish a research-based Master of Science degree in occupational therapy and not a practice-oriented professional master's degree programme.

The content of the modules, the length of the course and many other things have changed, but this structure, with its coherence and intertwined research and professional issues, linked to practice both national and European, and the equal contribution of all four countries, has proved a solid foundation for the course. It turned out to be a prerequisite for communicating internationally, using a common quality assurance system, facilitating and passing all the validation and accreditation processes successfully. It also kept the focus on the European dimension and especially on the developments in higher education in Europe such as the Bologna process and the Tuning process.

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Module 1 Sweden 10 ECTS September Week 35 and 36	Module 2 Denmark 10 ECTS November Week 47 and 48	Module 3 Netherlands 10 ECTS February Week 7 and 8	Module 4 UK 10 ECTS May Week 20 and 21	Module 5 own country 50 ECTS second year
Scientific theory and methods in occupational therapy	Occupational therapy in the European context	Human occupation and culture in Europe	Evaluating occupational therapy in Europe	Implementing occupational therapy research in Europe
Research methods	Literature review	Data collection and analysis	Research proposal	Conduct research; write thesis; present results; examination

Source: European Master of Science in Occupational Therapy. *Student Handbook 2006-2008.* Hogeschool van Amsterdam, Amsterdam

Figure 1
Overview of European Master of Science Degree in Occupational Therapy Programme

The above figure shows the structure of the programme. In the first academic year students follow four modules, one in each of the four countries of the consortium. Each module is 10 European Credits (ECTS, European Credit Transfer System) and has three phases:

1. A preparatory phase. Students carry out pre-course tasks in accordance with their identified learning aims, in their own country. They receive guidance/supervision from module coordinators by mail, fax and internet.

2. A contact phase. Students meet in the country hosting the module, for the «taught» elements of the study covering both the interwoven professional and the research issues. This phase lasts two weeks.

3. An assessment phase. Students study independently in their home country carrying out two assignments (one with focus on research and one with focus on professional issues) for the specific module. They receive guidance/supervision from module coordinators by mail, fax and internet.

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Every assignment is marked pass or fail. All assignments need to be passed before the student can start with his or her thesis: the research project.

In the second academic year the research project, resulting in a thesis, is carried out by the students in their home country. Again guidance/ supervision is given by e-mail, fax, phone, and in person by the staff recruited from the four institutes of the consortium. The final step in the process is an oral examination in Denmark, the host country for the second module. The oral examination is attended by two external examiners and is open to the public. Students from the new cohort and occupational therapists from the work field are invited to attend the examination seminar. Students will normally complete their degree within two years and three months. The total programme is 90 ECTS.

The teaching and learning strategies also demonstrate the aim of the course that research should influence present practices and result in innovation. Deep learning strategies are promoted through student autonomy, student choice of topics, relevance to students' own practice and interest, and assessments that are closely related to the course.

Final Learning Outcomes

On completion of this programme students will demonstrate the following competences formulated in terms of the Dublin descriptors master level (Joint Quality Initiative Group 2004), in summary they encompass:

(*between the brackets the relation with Tuning is addressed*
G= generic competences, S= specific competences)

— Demonstration of a broad and deep vision of a European dimension of occupational therapy, through viewing complex occupational performance components or occupational performance potential from multicultural angles *(Tuning: G and S: Knowledge in Occupational Therapy)*

— The ability to improve and innovate practices and services in their own country, in co-operation with occupational therapists and other health professionals in other countries, based on current theories of

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occupational therapy (*Tuning: G and S: Management and Promotion of Occupational Therapy)*

— A deeper understanding of (EU) social and health care legislation, and effective practice in other countries *(Tuning: G and S: Professional Relationships)*

— Being better able to determine the fundamental issues within the discipline of occupational therapy, through a study of occupational therapy in practice throughout Europe, occupational science, namely the form, function, and meaning of occupation *(Tuning: S: Knowledge of Occupational Therapy and Professional Relationships)*

— Innovate teaching and lifelong learning in occupational therapy in European countries, and help future occupational therapy students cope with changes using innovative philosophy of education, experienced through participation in this course *(Tuning: S: Management and Promotion of Occupational Therapy)*

— Apply scientific methods in practice and critically appraise strategies, which enable practitioners to manage change and promote quality assurance and research *(Tuning: S: Occupational Therapy Process and Professional Reasoning)*

— Have possibilities to initiate and co-operate in joint research projects within Europe, to further the international understanding of the occupational nature of human beings and the therapeutic value of occupations *(Tuning: S: Research and development in Occupational Therapy/Occupational Science)*

— Possess multicultural competences, and be able to evaluate the effects of different cultures on health *(Tuning: S: Knowledge of Occupational Therapy and Occupational Therapy Process and Reasoning)*

5.3. The Use of the Dublin Descriptors and Tuning Process

Dublin Descriptors

During the whole process, the European discussion on higher education guided the development of this master programme. The Dublin descriptors have been used to formulate the learning outcomes, the reports

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on joint degree's (EUA 2006) underpinned the co-operation process of the four institutions. The Dublin descriptors provided a common form to which the four institutions could agree on to build the programme. However, since the national legislations at that time by no means had been attuned yet to these European developments, it has been quite a struggle to follow these European guidelines and at the same time meet the legislation requirements of each country. The different accreditation systems in the countries concerned gave many headaches. These problems have been overcome by really getting to know the different systems in depth, and also showing the Dutch accreditation body, (the NVAO) why the quality care for this masters programme was a mix of the different systems in the different countries. In all those aspects, it was necessary to reach consensus between the four institutions of the consortium and the accrediting bodies in those countries. The support of ENOTHE with all their expertise and network on European developments has been of great importance in this process. At the moment, the Dublin descriptors for a master of science have been formulated into the competences (final requirements) the students have to reach in the OT-Euromaster programme.

The Tuning Descriptors

The OT-Euromaster helped to formulate the terms for the Tuning project for occupational therapy master programmes. Consensus on those terms throughout Europe ratified within national legislation will facilitate the next accreditation process of this OT- Euromaster programme tremendously. The second cycle is meant for persons who have completed their first cycle successfully. Students with at least 15 ECTS in research and development in occupational therapy will be able to enter the programme immediately after the first cycle. As such, the OT-Euromaster is in line with the Tuning methodology. The wording of the Tuning descriptors is more attuned to occupational therapy and occupational science than the Dublin Descriptors. This will help the OT-Euromaster to formulate the final learning outcomes for the students in a more refined way. (See description of the second cycle descriptors section of this publication)

The Tuning descriptors delineate clearly between the first cycle, second cycle and third cycle. This delineation helps students and employers know what is expected from students doing a masters programme

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The Tuning descriptors do not delineate between a professional masters and a master of science.

(See section professional masters – Master of Science). Since the OT-Euromaster is a master of science, the emphasis in this master's programme is on scientific methodology for occupational therapy and less on management and promotion of occupational therapy.

5.4. Academic Outcomes of the Occupational Therapy-Euromaster

Academic outcomes

Academic outcomes are the results of the programme as a whole. They describe if and how much the programme has contributed to generate knowledge in the scientific discipline at hand.

One very important academic outcome was the accreditation of the programme as a Master of Science by the Accreditation Organisation of the Netherlands and Flanders (NVAO). The accreditation report (NVAO 2004) stated that:

> *«The course can rightly be referred to as an "university" course, as a result both of the proven research qualities of the staff concerned, the manner in which research results and methods are reflected in the course, and the specific training in research and research methods.»*

Summary survey among graduates and their employers

The number of graduates publishing in scientific articles is another important parameter for the academic outcomes. Two independent surveys (Anderweg 2002, Kohnstamm Institute 2004) among the graduates in 2002 and 2004 showed:

— Approximately 50% of the graduates published in a scientific journal

— Approximately 10% started a PhD study after the OT-Euromaster. One student has completed her PhD

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— Approximately 50% presented at national and international scientific congresses

In the same surveys students commented on what the OT-Euromaster meant for them in terms of professional and academic development:

> *«The European context gave me a broader view of occupational therapy, research in occupational therapy and developments in occupational therapy.»*
> *«What fascinates me, in this combination of contact hours, self study, supervision and exchange from different European countries, is the experience of discovering potential in myself, that I was never aware of before.»*
> *«The pleasure of reading, reflection and writing; experiencing the sense of engagement in occupation.»*

It is also interesting that these surveys showed that 90% of the graduates achieved a career promotion and received a raise in their salary due to graduation. The surveys among employers of the graduates (Anderweg 2002, Kohnstamm Institute 2004) show that they too appreciated the content and level of the programme:

> *«It's beyond my expectations how much impact this OT-Euromasters has on the profession and research in occupational therapy.»*
> *«It's good to see how she's developed as a consequence of the knowledge and skills she acquired during the OT-Euromasters. Given the development of the occupational therapy department towards a more research-based way of working, it is just what we needed.»*
> *«The employee is highly motivated for further training, research and innovation, and that benefits our school.»*

Impact of EU on scientific development of occupational therapy

In the light of these academic results, it can safely be said that this is not only a good result; it is solid evidence of the quality of this joint Master of Science programme. But it is more. It says something about the quality and determination of the students who attend the course and about the quality of occupational therapy in Europe. The developments in higher education in Europe (Bologna process, ENOTHE, Tuning) (EC: Life Long Learning) opened the doors for setting up this innovative joint master programme, which had a big impact on the scientific development of occupational therapy in Europe. (See academic outcomes)

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5.5. Perspectives on Developing Academic Qualifications in Occupational Therapy in Europe

Future Needs and Plans

On the basis of the good results of the above mentioned formal evaluation of the programme (the accreditation) and the two independent surveys, the OT-Euromaster will try to expand the consortium with interested institutions of higher education offering similar occupational therapy programmes in Europe. The evaluations also showed that there is a need among graduates to go on with their studies on a PhD level. For this reason the OT-Euromaster will try to find funds to set up a PhD training

In addition to these developments, there still is a lot to do in terms of academisation of occupational therapy in Europe. For example:

— Professional occupational therapy programmes at diploma level in Europe need to be reformulated and converted into first cycle (bachelor) degree programmes. The Tuning descriptors will be instrumental in reaching this goal

— More accredited national and joint European MSc accredited programmes in occupational therapy are needed

— More research needs to be carried out in the field of occupational therapy and occupational science

— The profession needs more occupational therapists with competences at PhD level, which is a prerequisite for doing scientific research

It is clear not only that these points need attention but also that something needs to be done about them very soon. This is in accordance with the Bologna process, see the EU Tuning project: «Educational Structures in Europe» (European Commission) and reports from the ENOTHE (European Network of Occupational Therapy in Higher Education) (Bruggen et al. 2000). From a broader perspective, it can be said that there is need for wider validation of the competences and learning outcomes at all levels of occupational therapy education, in order to stimulate the process of mutual academic and professional recognition, both nationally and internationally. The Tuning process will be one of the instruments for reaching these goals.

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The OT-Euromaster consortium also intends to work hard at these issues. The goals and plans for the future include:

— Promoting three academic educational levels BSc, MSc, PhD in occupational therapy throughout all the countries of Europe, in order to ensure that the quality of the occupational therapy profession in Europe, is also guaranteed in the future

— Promoting research in occupational therapy and occupational science

— Supporting international research groups such as ECOTROS (European Cooperation in Occupational Therapy Research and Occupational Science)

— Supporting the finding of EU funding and other funding for PhD training programmes

— Promoting European and international cooperation between institutions/universities both in the field of practice and research

— Further promoting and developing the European dimension in occupational therapy.

— Promoting and supporting the Tuning process

Professional Masters and Master of Science.

Masters programmes can have either a professional orientation or an orientation to science or both. Professional masters usually award a Master of… and than the specification of the profession is mentioned. For occupational therapy, it would be a Master in Occupational Therapy. A Master of Science programme awards a MSc degree and the specification of the discipline can be added to that. (Bergan 2005, EUA 2006) So, for occupational therapy that would be a Master of Science in Occupational Therapy. Professional masters are usually oriented only to professional issues, improvement of the quality care of a profession, management and development of a profession. The final thesis encompasses solving a complicated practical problem. A Master of Science is oriented towards research but can also be oriented to a combination of research and professional issues. The aim of a Master of Science programme in occupational therapy is to «turn» professionals into novice researchers. The final thesis is a research project. A professional master is usually 60 ECTS; a master of science is usually 90 or 120 ECTS. At the moment, through-

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out Europe professional masters and masters of science are developed. How these master programmes are embedded and valued depends a lot on the different legislations in various countries. The Tuning project does not differentiate in their descriptors between those different types of master programmes. Since it is clear that those different types of masters and doctorate programmes (third cycle) do exist and will be developed, it might be wise to discuss if differentiation in the Tuning descriptors is necessary. For the profession of occupational therapy it also might be good to start a discussion about which types of masters and doctorate programmes need to be developed as a priority in Europe taking account of the phase of professionalisation which the profession is in at this moment in Europe, and in relation to developments in higher education in other parts of the world. Research in occupational therapy on a larger scale is only carried out in a few countries in Europe. The European Master of Science in Occupational Therapy has proven (see the academic outcomes) that the spin off of such a programme does stimulate occupational therapists all over Europe to apply and to carry out scientific research and as such hasten the development of the profession.

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6. Developing Third Cycle PhD in Occupational Therapy

What is in the Focus for PhD in Occupational Therapy?

The purpose of a PhD in occupational therapy is to deepen the students' understanding of occupational therapy and occupational science. PhD education in occupational therapy offers students an opportunity to develop advanced knowledge about occupational therapy and occupational science through individual studies. The individual study programme is tailored to meet the learning goals for each individual student. The idea is to provide a broad grounding for students to be prepared for an unknown future. After graduating with a PhD the student can pursue a scientific career as a researcher/teacher at a university or in the health care sector nationally or internationally.

Of special interest is to bring in challenges and concerns from practice and develop them into research questions and research projects in the PhD studies. In doing so, PhD students have the possibility, not only to identify or evaluate solutions to a special practical concern, but also to generate new theory on how to understand the outcome of their studies.

The Division of Occupational Therapy at Karolinska Institutet has adopted the following definition to guide future development of education, research and practice:

Occupational science and occupational therapy aim to contribute towards knowledge about human occupation and its relationship to health, human development, and participation in everyday life.

Occupation is understood as culturally defined and individually valued activities that humans perform on a daily basis over the course of their lives in such environments as home, work, and school, as well as leisure venues. Occupational science and occupational therapy at Karolinska Institutet generates knowledge about four themes:

1. The interaction between occupation and individual/contextual conditions

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2. Ways in which participation and engagement in occupation contributes to health and development
3. Consequences of injury, illness, impairment, and environmental barriers on occupation and participation
4. Occupation-based interventions that enable participation in everyday occupations

Reflections on experience of level three in relation to first and second cycle (BS and MS)

In our experience of PhD education it is obvious how studies at a PhD level put demands on the student's own initiatives, critical and independent thinking. There is a qualitative difference in studies at the PhD level compared to level one and two in terms of requirement for originality of thought and also skills in analysing multidimensional findings and phenomena. The idea to think with help from theory is evident to a much larger extent in the third cycle. The requirements are also to be grounded in a scientific approach, a structure, and a method of learning about new phenomena.

The existence of a «critical mass», such as in the department of occupational therapy at Karolinska Institutet, including at least 10 persons with PhDs and 27 candidates, is a powerful and much needed resource in tailoring and critique a new discipline and new research. This of special importance in the third cycle since the goal is to contribute to the development of **new** knowledge.

To be a member of a larger group of researchers and scholars provides opportunities to be influenced by researchers and other PhD students' creativity. The PhD programme should also provide an input from the international community of occupational therapist, interprofessional courses in research methods as well as participation in national and international conferences. Another very fruitful way of offering PhD students possibilities to reflect and develop their competence is through visiting scientist from other parts of the world.

It is beneficial in an organisation and for the PhD candidates themselves to raise concerns about educational issues.

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Milestones in the PhD process

There are specific milestones in the process to achieving a PhD. First, the novice needs to face the challenge of designing and being responsible for his/her own education. This indicates that the student herself/himself is responsible for learning to happen. The PhD student needs to be able to digest and value literature independently, take courses and develop his/her own knowledgebase.

Being a PhD student is largely «*the same as learning how to live in a new culture*», not known of before for the student. As in any culture, there is a language to be learnt, norms and rules to handle, and values not totally evident from start. In the learning process, the student incorporates the culture, hopefully with some critical reflections and ends up as a splendid new researcher ready to face new challenges.

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7. Application of Competences in Practice

Developing Standards of Practice

Standards of practice form a key reference point for all occupational therapy staff. They are the basis for professionals to work from. They provide specific rules by which practitioners are judged either by their peers or by regulators. In addition to this, they enable those people outside of the profession to gain a picture of what they should expect in terms of the nature of the therapy and the quality.

Professional standards of practice are usually developed by professional bodies. Whether they are viewed as minimal standards or aspirational, they should be achievable in all areas of practice.

Regulatory bodies, professional associations, and in many cases employers have developed standards of practice in conjunction with codes of ethics for their constituency. The purpose of these codes is to protect the service users and to offer a foundation for practice.

For occupational therapists working in Europe two core sets of standards have been developed. The World Federation of Occupational Therapists has established broad guidelines for the practice of occupational therapy in their code of ethics. The Council of Occupational Therapists in Europe (COTEC) has produced standards of practice that offer more detailed and specific principles.

The Code of Ethics/Standards of Practice developed by COTEC is a voluntary code designed to assist the national associations to establish and develop their own national codes of ethics and standards of practice. The standards offer policy statements, which help to set and maintain good standards of professional practice. The code of ethics and standards of practice can also be used to judge issues of misconduct or unprofessional behaviour.

In the last 3 years, the Professional Practice Group of COTEC has after long deliberation decided to make Guidelines on developing a Code of Ethics/Standards of Practice for their members instead of revising the

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former European Code of Ethics/Standards of Practice. The cultural differences and diversity in Europe combined with the phase of the profession of occupational therapy seems to be better served with guidelines then with a fixed Code. These guidelines not only offer a system of developing a document in a democratic way but also provides practical model for handling ethical problems on different levels. The guidelines also offer a method to implement and disseminate an Ethical Code/ Standards of Practice within a country. The TUNING competences are incorporated and referred to in the guidelines. A workshop has been developed to help national associations in this process.

The European Code of Ethics/Standards of Practice cover the following areas:

— Personal attributes

— Responsibility towards the recipients of occupational therapy services

— Conduct within the occupational therapy team and within the multidisciplinary team

— Developing professional knowledge

— Promotion of the profession

— Standards of practice – referrals, assessment, treatment, discharge, records and reports

— Quality assurance

— Safe practice

— Employers

— Promotion of the profession

— Professional relationships

— Research and Development

— Representing the profession

— Commercial

— Occupational therapy education

The TUNING competences can be seen to have a close relationship with the standards of practice. They can be used to enhance and underpin the development of standards, providing a base line of competence for

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all therapists. In this way, the TUNING competences are relevant to practice as well as education. They can inform and strengthen the level of quality and the effectiveness of practice.

It is important to review and update standards of practice on a regular basis to ensure they reflect current practice. In some countries, the Professional Body will work with regulators and government to undertake this task. Having agreed competences, which apply across the whole of Europe, there is the potential for the harmonisation of the quality of services offered.

The COTEC Standards of Practice/Code of Ethics will be informed by the TUNING competences when they are reviewed and updated. The standards of practice are of relevance to those countries where occupational therapy is an emerging profession, and those countries where occupational therapy is well established. Occupational therapists moving between countries should be able to find some harmonisation of standards, which will enable them to effectively assimilate themselves into a new workplace.

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8. Relevance to Stakeholders

The TUNING competences have relevance to a range of stakeholders in the profession of occupational therapy. This can be summarised as follows:

Regulators

The competences may be used to streamline and create a more effective process for assessing whether an occupational therapist from one country can practice in another. If the regulator can be confident that all therapists across Europe have achieved the same level of competence on completion of their studies and that these competencies are transparent, they will be able to accept them into their own country more easily. Currently some regulators require occupational therapists to prove their competence to practice by requiring them to undertake further study or examinations. The TUNING competences may not completely eradicate these practices but they should help to minimise their use.

Service users

The application of the competences in practice will afford service users some level of certainty that they will encounter safe and effective practice no matter where their occupational therapist studied. If the competences are used to underpin standards of practice, they can also be assured that there will be some assurance of the quality of the service. Explicit and public statements related to competence and standards of practice may be used by service users to choose their own occupational therapist and to compare one service against another.

Occupational therapists

As the use of the competences in education develops, the newly qualified occupational therapist will come into the workplace equipped with a defined set of competences. They should be able to articulate their competence and more easily define aspects of practice, which they would like to or need to develop. The development of the competences at all three levels of learning demonstrates a progression pathway and

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articulates the differences between each level. This enables a practitioner to plan their own continuing professional development and progress up the career ladder as well as gaining additional qualifications in their area of practice.

Employers

The employer may use the competences to identify the level of service they require from an occupational therapist and therefore the competences may be used as a workforce planning tool. They can also be used by employers to set and monitor quality standards for individual practitioners, and at a service level. In recruitment, they can be used to establish the competences required for the job and the competences of an applicant.

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9. Future Trends and Challenges

In this section, we will look at the future of occupational therapy education in the European Higher Education Area, the relationship between education and society and the relationship with the European research area.

Occupational Therapy Education for 2010 and Beyond

Introduction to the European Higher Education Area

The year 2010 may be the end of the Bologna Process. However, it will at the same time be the beginning of the European Higher Education Area (EHEA), an area which must continue to develop *after* 2010.

Building on achievements so far in the Bologna Process, the European Higher Education Area will be founded on the following structural elements:

— Within the overarching framework for the EHEA, all participating countries will have a national framework of qualifications based on three cycles in higher education (universality of the BA/MA/PhD) structure where the levels have a double function: to prepare the student for the labour market and for further competence building. Each level builds on the preceding level, and the qualification obtained will give access to higher levels.

— All participating countries will have national quality assurance arrangements implementing an agreed set of standards and guidelines for the EHEA.

— All higher education institutions in participating countries will recognise degrees and periods of studies according to the Lisbon Recognition Convention.

Besides these structural elements, in the EHEA after 2010, principles, objectives and a social dimension will be included. The social dimension of the Bologna Process is a constituent part of the EHEA and a necessary condition for the attractiveness and competitiveness of the EHEA. Higher education should be equally accessible to all and students should be able to complete their studies without obstacles related to their social and economic background.

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Built on these fundamental objectives the European Higher Education Area will encompass the following principles:

— Public responsibility for higher education;

— Institutional autonomy;

— Participation of students in higher education governance;

— Cooperation and trust between the participating countries and organisations.

The relations between the Bologna Process and the Lisbon Process of the European Union have to be clarified. From an EU perspective, the Bologna process fits into the broader agenda defined by the Lisbon agenda and by the Barcelona summit stating that the European education and training systems should become a «world quality reference». In areas like quality assurance, recognition of degrees and study periods abroad as well as the establishment of a European Qualifications Framework, the European Commission plays both a supportive and a complementary role. In other policy areas the two directives on the mobility of students and researchers promote mobility across European higher education and the general system directives promote mobility of regulated professionals (such as occupational therapists).

The European Higher Education Area in Occupational Therapy

As a follow up of the Bologna process, the TUNING methodology and recommendations from UNESCO (2006) the themes to be further addressed in occupational therapy education in the 21st century are:

— Implement the three cycle degree system, quality assurance (peer review) and the recognition of degrees and study periods in **all** European countries

— Major challenges to address within the occupational therapy education are accessibility, relevance or the relation with the society, comparability and international cooperation

Higher education must address social needs, which could be defined as a social contract between higher education institutions and social and individual needs, because citizens make society. So, in that sense, the relevance of universities lies in building citizenship, and this must be done at a regional, national and international level (UNESCO 2006)

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Accessibility of Occupational Therapy Education

Ethnic minorities and persons with disabilities are notoriously underrepresented in European occupational therapy education. Students of different migrant or ethnic minority backgrounds often feel excluded by teachers and fellow students and do not feel attracted to occupational therapy programmes. Furthermore, there is a high drop out rate. An overall framework/ guidelines/ competences for a curriculum that is open to diversity needs to be developed.

Meeting the Basic Conditions/Relevance for Occupational Therapy Education in Europe

An expert's assessment of the application of ENOTHE for a Socrates grant stated:

> «*It is obvious that the societal demand is great for developing an academic based discipline such as occupational therapy with impact on a European scale*»

Although the TUNING methodology starts with analysing the context and the social needs for the specific education this has recently not been undertaken for the occupational therapy education in Europe as a whole. It is expected that with the paradigm shift from medical and impairment directed, towards more social and participation directed occupational therapy, the target groups for occupational therapy education will change or extend.

Hereafter an overview of facts, figures and policies about the social needs and the social agenda of Europe, which support the relevance of occupational therapy education at European level, will be reported:

Disability: Some Facts

Statistics on disability are difficult to compare internationally: different countries have different definitions of disability and different degrees of political will to publish such information. Many sources underestimate the number of people for whom a physical or mental impairment creates a substantial disadvantage when they seek em-

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ployment or access to the wider benefits of citizenship. (Bruggen in press)

People with Disabilities

— Around 10 per cent of the world's population, or 650 million people, live with a disability. They are the world's largest minority (UN 2006b)

— Disability is estimated to affect 10 percent to 20 percent of every country's population, a percentage that is expected to grow because of poor health care and nutrition early in life, growing elderly populations and violent civil conflicts (UN 2006b)

— «Disabled people represent 50 million persons in the European Union (10% of the population)

— Disabled people are two to three times more unemployed than non-disabled people

— Non-disabled people are more than twice as likely to have reached third level education than non-disabled people

— One out of two disabled persons has never participated in leisure or sport activities»(EDF 2002)

The above mentioned figures and facts demonstrate that persons with disabilities have fewer opportunities to participate in the labour market, education and leisure activities and are often economically and socially excluded.

Due to this exclusion the majority of persons with a disability worldwide struggle to exist and unless disabled people are brought into the mainstream of development, it will be impossible to cut poverty in half by 2015 or to give every girl and boy the chance to achieve a primary education by the same date - goals agreed to by more than 180 world leaders at the UN Millennium Summit in September 2000 (Wolfensohn 2002). Poverty has a strong inter-relationship with disability. Poverty is estimated to be responsible for around 20% of disability.

Global Populations are Ageing: Spotlight on Europe

— Worldwide, the population aged 60 and over is growing faster than any other age group. The 60+ population, at 605 million

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today, will almost double by 2025, to 1.2 billion. By 2050, it will reach 2 billion - marking the first time in history when people aged 60 and over outnumber children aged 14 and under (UN 2002)

— The trend toward ageing is most pronounced in Europe, which by 2025 will have eight of the 10 «oldest» populations —that is, percentage of people above age 60— among countries worldwide with at least 10 million people (UN 2006a)

— By 2050, an estimated 35% of the European population will be over the age of 60, compared to 20% today (UN 2006a)

Mental ill health

— «Mental ill health affects every fourth citizen and can lead to suicide, a cause of too many deaths

— More than 27% of adult Europeans are estimated to experience at least one form of mental ill health during any one year

— The most common forms of mental ill health in the EU are anxiety disorders and depression

— By the year 2020, depression is expected to be the highest ranking cause of disease in the developed world

— Currently, in the EU, some 58,000 citizens die from suicide every year» (COM(2005)484)

— Up to 28% of employees in Europe report stress at work (Merrlie 2001)

Occupationally deprived groups

Occupational deprivation is defined as «a state of prolonged preclusion of engagement in occupations of necessity and/or meaning due to factors *outside* the control of the individual» (Whiteford 2000, p. 201)

The factors that produce occupational deprivation may be social, economic, environmental, geographic, historic, cultural or political in nature. Occupational deprivation is closely related to social exclusion.

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Table 2
Sources of Social Exclusion and Disadvantage

Source of Social Exclusion	Direct Component	Policy-Related Component
Economic Basis	— Unemployement leading to economic vulnerability — Low income impacting housing, food, security, mobility	— Stigma through means-tested programs — Loss in benefits though going back to work (Child care, transportation) — Unequal base for school funding
Social Basis (esp. Children)	— Family factors (lone parenthood) and socio-psychological and economic adjustmens — Availability of services in neighbourhood (Education, transportation, security)	Housing, education, adequacy of benefits, work supports (Child care)
Birth or Background Basis	— Multiple barriers for people with disabilities — Language and cultural barriers for new immigrants	Exclusionary educational policies
Societal/ Political Basis	— Prejudice and discrimination	Citizenship and residency policies

Source: Klasen, S. (1998) *Social Exclusion and Children in OECD Countries: Some Conceptual Issues.*OECD: Centre for Educational Research and Innovation. Available from: http://www.oecd.org/els/edu/ceri/conf220299.htm

Besides persons with disabilities, migrants and in particular asylum seekers are some of the most vulnerable groups of the EU population, finds Caritas Europa's third report on poverty in Europe, which highlights poverty and social exclusion of migrants in Europe.

In the EU, around 20 million people are *migrants*. They are defined as third-country nationals with temporary or permanent legal residence, so EU citizens cannot be migrants under this definition. The term migrant includes immigrants, refugees, persons under subsidiary forms of protection, asylum seekers, persons seeking other forms of protection, migrants in an irregular situation and repatriates. While some migrants come to the EU voluntarily, by their own free will, others are fleeing international economic turbulence, poverty, environmental decline, lack

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of peace and safety, human rights violations and lack of democratic and judicial systems.

Poverty refers to more than just the absence of sufficient income and material wealth. It includes factors of social empowerment such as social exclusion, dependency, and the ability to participate in society. (Bruggen in press)

Migrants are at a much higher risk of impoverishment than EU citizens for a number of reasons:

Employment

Many countries in Europe make a distinction between the right to reside and the right to seek employment. The result of this is that immigrants, even the ones legally living in the country, are not allowed to work. They are more likely to find themselves in so-called atypical employment situations, such as temporary and part-time jobs or even informal employment. They are therefore much more likely to earn below-average wages, to be deprived of social rights and benefits such as holiday and sick leave, and to work longer hours.

Housing

Migrants are often dependent on council or social housing, of which there is, in most European countries, a shortage, due to privatisation on the one hand and, in some countries, growing poverty on the other hand. This leaves the migrants in a weak position on the private housing market. Often, they end up in so-called migrant ghettos, in poor living conditions at sometimes still-unreasonable costs.

Health

Because of poor living conditions, migrants are more exposed to health risk than the average member of the population. Still, they often lack health-care insurance. In addition to that, they are sometimes discriminated by health-care personnel. For those migrants whose resident permits depend on having a job, falling ill may mean having to leave the EU. For irregular workers, it usually means being left without an income.

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Education

Education and training is, as Caritas Europe says, an «essential stepping stone out of poverty» (Caritas 2006). Still, migrants have, in many countries, on average much lower education levels than nationals. Due to language and legal barriers, immigrants who do have skills and qualifications are often unable to apply them and end up in sectors of the labour market for which they are overqualified.

Participation in Public Life

In the majority of European countries, migrants have no voting rights at all. In some countries, they have local voting rights if they have a legal status. Irregular migrants have no political rights at all. This excludes them from decision-making in the community in which they live and deprives them of means to improve their situation. (EurActiv 2006)

Other groups at risk of occupational deprivation are:

Street children

Although there is a convention on children rights; the facts prove that the rights of children are being violated in most regions of the world. For Europe, we find the following facts (Compass n.d.):

— There is a striking increase in the number of women and children being trafficked. Estimates suggest that up to 120000 women and children are being trafficked into Western Europe from central and eastern European countries each year

— In the UK, research indicates that there are many thousands of street children, primarily, though not exclusively, in the major cities and towns. The population of street children is split evenly between males and females. It is estimated that approximately 40000 children run away from home every year

— In France, the phenomenon of street children began to constitute a significant problem in the 1980s. Some authorities consider that there might be as many as 10000 street children, although others estimate that the number is much lower

— In general, there is a growing population of young people living homeless on the streets in eastern and central Europe. In Bucharest alone, there are an estimated 1500 children and young people living out on the streets

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— In Poland and Hungary over a third of children under the age of fifteen live in poverty. A recent study in Poland (UNDP 1999) found that 60% of children suffer from some form of malnutrition with 10% permanently malnourished

Homeless

On an average day as many as 1.1 million people may rely on supported accommodation services and over the course of one year the figure may be as high as 1.8 million in Europe.

Some 3 million people have no fixed home of their own. The highest recorded rates of homeless people accepting services and people sleeping rough in Western Europe are found in Germany, France and the UK, where between 4 and 12 per thousand of the population is estimated to be homeless. All other countries in the region have homelessness rates of less than 2 per thousand (UNESCO n.d.).

However despite the clear link between disability, poverty and development people with disabilities and other vulnerable groups are not included in most of the development activities of the EU. Often they are neither explicitly mentioned in policies nor considered in development programmes and projects.

The EU and its member states are all committed to the Millennium Development Goals, which aim to eradicate extreme poverty by 2015. This commitment however cannot be achieved unless the EU takes action to include disabled people and occupational deprived groups in its development activities. Poverty and disability are inextricable linked and the major cause of poverty is unemployment (EDF 2002)

The European Social Agenda

The European Social Agenda (COM(2005)33 final) and the Council of Europe Disability Action Plan are focusing both on strengthening citizenship by employment and equal opportunities in all life areas for all.

These life areas are duly reflected in the 15 action lines of the Action Plan, which set out key objectives and specific actions to be implemented by member states. They cover the following areas:

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1. Participation in political and public life
2. Participation in cultural life
3. Information and communication
4. Education
5. Employment, vocational guidance and training
6. The built environment
7. Transport
8. Community living
9. Health care
10. Rehabilitation
11. Social protection
12. Legal protection
13. Protection against violence and abuse
14. Research and development and
15. Awareness raising

(Council of Europe Action Plan 2006-2015)

The above-mentioned figures on occupational deprived populations, their social needs and the social agenda are requiring a different approach by the occupational therapists in Europe in order to achieve occupational justice. Occupational therapists should not only focus on action 9 and 10 from the Action Plan but they can contribute to all 15 actions by facilitating access and changing environmental factors. Therefore education should not only focus on the individual client within the health system, but as well on groups, organisations or communities within their social environment(s) and on influencing policies.

New approaches to change and social reform and different practical fieldwork or community services should be developed to prepare the students effectively for practice in the social area in Europe.

Competences in the area of Community Based Rehabilitation (CBR) as a part of community development such as in capacity building, developing partnerships and inclusive societies, preventing marginalisation and contributing to realigning power structures have to be further defined. Occupational therapy education should prepare students to work on three levels (micro, meso and macro level) in such a way that

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their work is leading to equal opportunities for all in an occupationally just society.

Furthermore there should be *attention for Life long Learning competences in occupational therapy education.* The key competences for life long learning should be integrated in the occupational therapy curricula, in particular because several of those competences were ranked low in the TUNING survey of occupational therapy.

Key competences are those that all individuals need for personal development, active citizenship, social inclusion and employment.

The European Reference Framework sets out eight key competences:

1. Communication in the mother tongue
2. Communication in foreign languages
3. Mathematical competence and basic competences in science and technology
4. Digital competence
5. Learning to learn
6. Social and civic competences
7. Sense of initiative and entrepreneurship and
8. Cultural awareness and expression

These key competences are considered equally important, because each of them can contribute to a successful life in a knowledge society. Many of the competences overlap and interlock: aspects essential to one domain will support competence in another. Competence in the fundamental basic skills of language, literacy, numeracy and in information and communication technologies (ICT) is an essential foundation for learning, and learning to learn supports all learning activities. There are a number of themes that are applied throughout the Reference Framework: critical thinking, creativity, initiative, problem solving, risk assessment, decision taking, and constructive management of feelings play a role in all eight key competences (EC 2006)

It is important that occupational therapy programmes are not uniform but relevant in their context. However, the programmes should be formulated in competences, ECTS and teaching and assessment

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methods and have a clear quality assurance method in place, so that the programmes are easily comparable for academic and professional recognition.

Competences and professional recognition

There are two types of international recognition of diplomas and qualifications, which require two types of credential evaluation: academic recognition and professional recognition.

Academic recognition refers to recognition decisions that allow a person to pursue or continue a course of study or confer the right to use a national title or degree from the host country on the basis of a title or degree acquired in the country of origin.

Professional recognition relates to the methodologies and procedures for evaluating credentials for work purposes and is a more intricate matter. The system of professional qualifications reflects both the national system of education and the organisation of professions, industries and professionals themselves. Professional requirements can be set under national law, or by professional organisations. Academic recognition and professional recognition are different objectives, and may require different approaches and instruments. However, they do share a methodology for evaluating the educational component of the credential or qualification.

Obviously, in the realm of international recognition, the developments in the TUNING process lead to a focus on the *assessment of competences* rather than formal qualifications and the way they have been achieved. In order to safeguard the fair recognition of all the possible skills of migrant professionals, it is of the utmost importance to take into account *all competences* acquired, *regardless of the learning paths*.

At the moment, the methodology of traditional credential evaluation is not able to assess competences. The criteria used focus on the educational process, such as the entrance level of the course, content and structure, rights attached to the qualifications etc. This process does suffice well for formal qualifications, but, in the light of the developments and trends foreseen, new forms of assessments will have to be added to the traditional forms of credential evaluation. Accreditation of prior certificated or experiential learning - or recognition of informal and non-formal learning, to use another term - is a necessary supplement to tra-

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ditional credential evaluation for *de facto* recognition. In this way even work-based learning and work experience can be assessed sufficiently (Divis 2004).

ENOTHE, COTEC, the national associations, regulatory bodies and the occupational therapy educational institutes have to collaborate on the implementation of the TUNING methodology and uniformity in the diploma supplements in order to facilitate the mutual recognition.

The Connection Between the European Higher Education Area and Research Area in Occupational Therapy

Research training and research career development —and the need to increase the number of highly qualified graduates and well trained researchers— are also becoming increasingly important in occupational therapy and occupational science.

From the discussions in the Bologna Seminar of the European Universities in Salzburg a consensus emerged on a set of basic principles for doctoral studies of which the following are relevant to occupational therapy:

— The core component of doctoral training is the advancement of knowledge through original research. At the same time it is recognised that doctoral training must increasingly meet the needs of an employment market that is wider than academia. Achieving critical mass: doctoral programmes should seek to achieve critical mass and should draw on different types of innovative practice being introduced in universities across Europe, bearing in mind that different solutions may be appropriate to different contexts and in particular across larger and smaller European countries. These range from graduate schools in major universities to international, national and regional collaboration between universities.

— The promotion of innovative structures: to meet the challenge of interdisciplinary training and the development of transferable skills

— Increasing mobility: Doctoral programmes should seek to offer geographical as well as interdisciplinary and intersectoral mobility and international collaboration within an integrated framework of cooperation between universities and other partners (EUA 2005)

— The subjects in European research should be closely linked to the European themes mentioned in the 7th framework and/or related to

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the priorities of the occupational deprived groups and the social and health care policies in Europe

Hereafter the most relevant research themes for occupational therapy within «Socio-economic Sciences and the Humanities» in the 7th Framework Programme will be mentioned:

1. Combining Economic, Social and Environmental Objectives in a European Perspective:

Social Cohesion*:*

Social inequalities and their relation to cohesion, including inequalities in income and wealth, life chances, social mobility, inheritance of inequalities, cultural issues, poverty and their consequences, including any relation to crime and drug addiction.

Social Cohesion and Changes in Employment and Labour Markets:

Including precarious employment, informal work, underemployment and unemployment, questions of working conditions, and possibilities for training and career development, and effectiveness of employment policy and related policies including activation measures.

Social Cohesion in Cities and their Environments:

Including housing, spatial segregation, access to facilities, land use and spatial planning. Services of general interest and social transfers in social cohesion: role of services of general interest including both social services (health, education, welfare, housing) and network services (such as transport) in social cohesion; role of social security, including pensions, and taxation in social cohesion.

Migration, Ethnicity and Integration:

Including intergenerational difference in the integration of migrants, gender and family formation issues, access to labour markets, education, cultural issues in integration including language; patterns of discrimination and segregation; settlement and integration policy and its relation to social and human rights, citizenship, political participation, media treatment; management capability of integration systems; trafficking of migrants.

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2. Major Trends in Society and their Implications - Demographic Change: Reconciling family and work, health and quality of life, youth policies, social exclusion and discrimination;

Demographic Changes:

Research should aim at providing further understanding of the interactions between current demographic and societal trends at European and international level, the implications of trends such as ageing, low fertility rates and migration for, e.g., European welfare systems, and identify policy measures which could assist in meeting these challenges.

Research topics could include:

Ageing society: Economic, social, political and cultural impact and potential of an ageing society, as well as aspirations of ageing people.

Migration: Factors determining migration flows, and the circumstances in which they occur, as well as prospective analysis of scenarios of future migration flows and their consequences for European societies.

Societal Trends and Lifestyles: Research is needed to provide knowledge on the evolution of some key trends, such as in family life, the changing nature of work and of private life, the evolution of lifestyles, consumption patterns, values, attitudes and beliefs of contemporary societies, and their implications for people's quality of life and health, including children, youth, disabled and the aged. The role and impact of public policies, of the global economy and of corporate organisations on the evolution of those trends and associated values should also be addressed, as well as the identification of the key policy measures which could contribute to improving quality of life.

Family Life: Current trends in family formation and dissolution, their causes and consequences, e.g. for children's development and socialisation, the well-being of the partners and the care and social integration of the elderly and disabled (physically or mentally).

Combining Private and Working Life: Impact of the changing patterns of time use (including work and leisure), work organisation and flexible working hours on quality of life, including the most vulnerable groups.

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Conditions of Work: Impact of employment precariousness and low-paid jobs on people's attitudes, values and social behaviour, in particular of the youth.

Societal Dimensions of Lifestyles: Identification of the main features which characterise current lifestyles and analysis of their impact on quality of life and health, including the most vulnerable groups in society.

New Patterns of Social Life and Socialisation: Understanding new patterns of social life and forms of socialisation, especially of children, adolescents, youth and people living alone, in relation to changes in the organisation of society, in values, attitudes, beliefs and meanings, as well as in the use of technologies and in the spatial organisation of urban areas.

3. Europe in the World - Trade, Migration, Poverty, Crime, Conflict and Resolution: Threats, Conflicts and Human Rights

The objective is to understand better the emergence and perceptions of threats, identify the roots and dynamics of violent conflicts, how the rule of law has developed, and how to enhance Europe's capacity to play a role in conflict prevention and resolution, and the further development of human rights.

4. The Citizen in the European Union - political participation, citizenship and rights, democracy and accountability, the media, cultural diversity and heritage, religions, attitudes and values:

Participation, Citizenship and Governance in Europe

Research should concentrate on improving understanding of the issues involved in achieving a sense of democratic «ownership» and reflecting upon contemporary definitions, perceptions and practices of citizenship in the context of the European Union. The participation and representation of citizens in the context of the European Union including the perspectives of youth, women, and minorities is important to incorporate.

Occupational therapy could also fit in the European research area for health, but most of the funding is here reserved for technological and bio-medical research. The objective of this area is formulated as follows:

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Health Objective

Improving the health of European citizens and increasing the competitiveness of European health-related industries and businesses, while addressing global health issues including emerging epidemics. Emphasis will be put on translational research (translation of basic discoveries in clinical applications), the development and validation of new therapies, methods for health promotion and prevention, diagnostic tools and technologies, as well as sustainable and efficient healthcare systems.

The area of prevention is giving space to some other kinds of research.

Enhanced disease prevention and better use of medicines. To develop efficient public health interventions addressing wider determinants of health (such as stress, diet or environmental factors). To identify successful interventions in different health care settings for improving the prescription of medicines and improving their use by patients (Research agenda in the 7th Community RTD Framework Programme (2007-2013).

It may be clear that all the above-mentioned research areas ask for interdisciplinary and transdisciplinary research. This will require an approach that brings together various disciplines that have an impact on a specific research domain. It would also imply closer links between related or complementary fields, such as humanities, social sciences or occupational science. That is one of the reasons why ENOTHE is taking part in the European Archipelago of Humanistic Thematic Networks.

Twenty Thematic Networks (such as Language, Political Science, History, Arts, Human Rights) deal with different areas and aspects of Human arts and Sciences and contribute to the European «Knowledge and Research Area». The Archipelago has a role to play in building a peaceful, tolerant society based on multiplicity, collaboration and diversity.

Summary

A major effort should be made to achieve the core Bologna reforms by 2010 in all EU countries: comparable qualifications (Bachelor, Master, Doctorate); flexible, modernised curricula at all levels which correspond to the needs of the labour market; and trustworthy quality assurance

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systems. Curricula in occupational therapy should be remodelled, drawing on comparisons and best practice at European level.

The recent Directive on the recognition of professional qualifications has made it simpler and quicker to have qualifications for professional practice recognised across national borders; however professional associations should encourage the regulatory bodies to implement the use of competences in their assessment strategies.

Summarising the priorities for the occupational therapy education for the coming years in accordance with the Bologna process and the vision of higher education as formulated in the world declaration (UNESCO 1998):

— Implement the three cycle degree system, quality assurance and the recognition of degrees and study periods

— Implement guidelines for Quality Assurance

— Promote international peer review in occupational therapy education

— Elaborate national frameworks of competences compatible with the overarching framework for specific European occupational competences

— Award and recognition of joint degrees, including at doctorate level

— Produce national plans to improve the recognition of foreign qualifications

— Create opportunities for flexible learning paths, including recognition of prior learning (non-formal and informal)

— Remove any obstacles to progress between cycles

— Make occupational therapy education equally accessible to all

— Ensure necessary institutional autonomy to implement reforms (a long-term orientation based on relevance)

— Make use of innovative educational approaches

— Improve synergy between occupational therapy higher education and other research sectors

— Achieve an overall increase in the number of doctoral candidates taking up research careers

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— Intensify co-operation with health and social partners in analysing and anticipating social needs (encourage practice and community service learning)

— Increase employability of graduates (provide the right (LLL) competences for the labour market)

— Lift obstacles to mobility and make full use of mobility programmes, advocating full recognition of study periods aboard within such programmes

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10. Glossary

Ability
A personal characteristic that supports occupational performance (ENOTHE n.d.)

Accountability
Accountability is the readiness or preparedness to give an explanation or justification to relevant others (stakeholders) for one's judgments, intentions, acts and omissions when appropriately called upon to do so (Hunt n.d.)

Activity
A structured series of actions or tasks that contribute to occupations (ENOTHE n.d.)

Activity limitations
They are difficulties an individual may have in executing activities (ICF)

Body functions
They are physiological functions of body systems (including psychological functions) (ICF)

Body structures
They are anatomical parts of the body such as organs, limbs and their components (ICF)

Client-centred therapy
A method of intervention in which the client is helped to become aware of his own potential and of ways in which he can work towards realising it (Creek 2002)

Client
Clients may be individuals with occupational problems arising from medical conditions, transitional difficulties, or environmental barriers, or clients may be organisations that influence the occupational performance of particular groups or populations (Townsend 2002)

Community
A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a

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social structure according to relationships, which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms, which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them (WHO 1998)

Effectiveness
The extend to which objectives of a specific intervention, procedure, regimen of service… are achieved (The European Observatory on Health Systems and Policies 2005)

Efficiency
The extent to which objectives are achieved by minimizing the use of resources (The European Observatory on Health Systems and Policies 2005)

Empowerment
Personal and social processes that transform visible and invisible relationships so that power is shared more equally (Townsend 2002)

Enabling
The process of creating opportunities to participate in life's tasks and occupations irrespective of physical or mental impairment or environmental challenges (Christiansen & Townsend 2004)

Engagement
A sense of involvement, choice, positive meaning and commitment while performing an occupation or activity (ENOTHE n.d.)

Environment
Cultural, institutional, physical and social elements that lie outside individuals, yet are embedded in individual actions (Townsend 2002)

Evaluation
A process of obtaining, interpreting and appraising information in order to prioritise problems and needs, to plan and modify interventions and to judge the worth of interventions (ENOTHE n.d.)

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Evidence-based practice
Evidence based practice requires the integration of the best research evidence with clinical expertise and the clients' unique values and circumstances (Straus et al. 2005)
It is important that these elements are equally valued. It has been suggested that clinical reasoning is used to integrate information from these different sources (Bennett et al. 2003)

Function
— The underlying physical and psychological components that support occupational performance
— The capacity to use occupational performance components to carry out a task, activity or occupation (ENOTHE n.d.)

Health
A dynamic, functional state which enables the individual to perform her/his daily occupations to a satisfying and effective level and to respond positively to change by adapting activities to meet changing needs (Creek 2002)

Health care
Any type of services provided by professionals or paraprofessionals with an impact on health status (The European Observatory on Health Systems and Policies 2005)

Health promotion
Health promotion is the process of enabling people to increase control over, and to improve their health (WHO 1986)

Impairments
They are problems in body function or structure such as a significant deviation or loss (ICF)

Intervention, Occupational
The process of effecting change in occupational performance using meaningful occupation. Intervention with individual clients is influenced by a client's developmental stage, state of mind, and current and expected health status, as well as time, setting, and resources available (Townsend 2002)

Lifestyle (lifestyles conducive to health)
Lifestyle is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual's personal

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characteristics, social interactions, and socio-economic and environmental living conditions (WHO 1998)

Living conditions
Living conditions are the everyday environment of people, where they live, play and work. These living conditions are a product of social and economic circumstances and the physical environment —all of which can impact upon health— and are largely outside of the immediate control of the individual (WHO 1998)

Occupation
A group of activities that has personal and socio-cultural meaning, is named within a culture and supports participation in society. Occupations can be categorised as self-care, productivity and/or leisure (ENOTHE n.d.)

Occupational Justice
The just and equitable distribution of power, resources, and opportunity so that all people are able to meet the needs of their occupational natures without compromising the common good (Christiansen & Baum 2005)

Participation is involvement in a life situation (ICF)

Participation restrictions
They are problems an individual may experience in involvement in life situations (ICF)

Occupational/Activity/Task performance
Is choosing, organising and carrying out occupations/activities/tasks in interaction with the environment (ENOTHE n.d.)

Occupational Performance Areas
Categories of tasks, activities and occupations that are typically part of daily life. They are usually called self-care, productivity and leisure (ENOTHE n.d.)

Occupational Performance Components
Abilities and skills that enable and affect engagement in tasks, activities and occupations. These can be categorised, for example, as physical, cognitive, psychosocial and affective (ENOTHE n.d.)

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Occupational Performance Environment
External factors that demand and shape occupational performance. These factors are physical, socio-cultural and temporal (ENOTHE n.d.)

Occupational Science
An academic discipline, the purpose of which is to generate knowledge about the form, function, and the meaning of human occupation (Zemke & Clark 1996)

Quality of life
Choosing and participating in occupations that foster hope, generate motivation, offer meaning and satisfaction, create a driving vision of life, promote health, enable empowerment, and otherwise address the quality of life (Townsend 2002)

Role
Social and cultural norms and expectations of occupational performance that are associated with the individual's social and personal identity (ENOTHE n.d.)

Skill
An ability developed through practice which enables effective occupational performance (ENOTHE n.d.)

Social care
Services related to long-term inpatient care plus community care services, such as day care centres and social services for the chronically ill, the elderly and other groups with special needs such as the mentally ill, mentally handicapped and the physically handicapped (European Observatory on Health Care Systems 2001)

Stakeholders
Those who are affected by an outcome or have an interest in an outcome in the occupational therapists terms this would be family, teachers, policy makers, elected officials, managers, etc. (Christiansen & Baum 2005)

Task
A series of structured steps (actions and/or thoughts) intended to accomplish a specific goal. This goal could either be: 1. The performance of an activityor 2. A piece of work the individual is expected to do (ENOTHE n.d.)

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Wellbeing
An individual perception of a state of happiness, physical and mental health, peace, confidence, and self-esteem that for many is associated with occupations, relationships, and environments (Christiansen & Baum 2005)

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Further Information

Further information on the education of occupational therapists in Europe is available at the ENOTHE website: www.enothe.hva.nl This website also provides contact information for all member higher education institutions throughout Europe.

Further information on the profession of occupational therapy in Europe is available from the COTEC web site: www.cotec-europe.org This web site also provides links to the individual members of COTEC; professional associations in the countries of Europe

Further information on the profession of occupational therapy worldwide is available from the World Federation of Occupational Therapists: www.wfot.org

Further information on the Bologna Process is available from the website: http://www.ond.vlaanderen.be/hogeronderwijs/bologna/

Further information on the Tuning Project is available from the website:

http://tuning.unideusto.org/tuningeu/

Further information on the Seventh Research Framework Programme (FP7) is available from the website:http://cordis.europa.eu/fp7/home_en.html

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12. ENOTHE Member Institutions (2006/2007)

Armenia	
«ArBeS» Day Care Health Center	Yerevan
Armenian State Pedagogical University named after Kh.Abovyan	Yerevan
Australia	
Charles Stuart University Albury	Albury NSW
ISOS (International Society for Occupational Scientists)	Nowra
Austria	
Ausbildungszentrum West für Gesundheitsberufe	Innsbruck
Oö Gesundheits- u. Spitals AG, Oö Landesnervenklinik Wagner-Jauregg	Linz
Berufsförderungsinstitut OÖ, Akademie für den Ergotherapeutischen Dienst	Ried i. Innkreis
Verband der Diplomierten Ergotherapeutinnen Österreichs	Vienna
LNK Wagner Jauregg	Linz
Medizinisch-technische Akademie für den ergotherapeutischen Dienst an der Christian Doppler Klinik	Salzburg
Akademie für Ergotherapie Wien	Vienna
Medizinisch-Technische Akademie für den Ergotherapeutischen Dienst des Landes Kärnten	Klagenfurt
Vienna Medical University	Vienna
Akademie für Ergotherapie	Wiener Neustadt
Belarus	
Belarus State Pedagogical University named after M. Tank	Minsk
Belgium	
Artevelde hogeschool	Gent
Hogeschool Antwerpen	Merksum
Hogeschool West-Vlaanderen	Kortrijk
Katholieke Hogeschool Brugge-Oostende	Brugge
HELB Haute Ecole Ilya Prigogine - ISCAM	Bruxelles
EHSAL, Europese Hogeschool Brussel	Bruxelles
Provinciale Hogeschool Limburg	Hasselt
Katholieke Hogeschool Kempen	Geel
Hogeschool Antwerpen	Antwerpen

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Haute Ecole Paul-Henri Spaak-C.F.	Bruxelles
Hogeschool Gent	Gent
Bulgaria	
Angel Kunchev University of Rousse	Rousse
University of Medicine - Pleven	Pleven
Neofit Rilski University of Blagoevgrad	Blagoevgrad
Canada	
Dalhousie University	Halifax
Université d'Ottawa	Ottawa
Canadian Association of Occupational Therapists	Ottawa
Croatia	
Health Polytechnic	Zagreb
Cyprus	
Cyprus Association of Occupational Therapists	Limasol
Czech Republic	
Univerzita Karlova v. Praze	Prague
Denmark	
The Danish Association of Occupational Therapists	Copenhagen
Ergo -og Fysiotherapeutskolen i Holstebro, CVU Vita	Holstebro
JCVU (Jysk Center of Higher Education), Århus	Risskov
CVU Syd (Centre for Higher Education South)	Naestved
CVSU-Fyn	Odense SØ
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University College Oeresund	Copenhagen-O
Ergoterapeutuddannelsen i Esbjerg	Esbjerg
Egypt	
Ain-Shams University, Institute of Psychiatry	Cairo
Estonia	
University of Tartu	Tartu
Tallinna Tervishoiu Kõrgkool	Tallinn
Finland	
Helsinki Polytechnic Stadia	Helsinki
South Carelia Polytechnic	Lappeenranta
Savonia Polytechnic	Kuopio
Arcada Polytechnic	Helsinki
Turun Ammatikorkeakoulu	Turku
Jyväskylän Ammattikorkeakoulo	Jyväskylä
University of Jyväskylä	Jyväskylä
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Handicap International	Lyon
Institut de Formation en Ergothérapie (Montpellier)	Montpellier
Institut de Formation en Ergothérapie de Nancy	Nancy
Institut de Formation en Ergothérapie, ADERE (Paris)	Paris
Institut de Formation en Ergothérapie du C.H.U. Bordeaux	Bordeaux
Institut de Formation en Ergothérapie	Rennes
Georgia	
Center of Child Neurology and Neurorehabiliation (CCNNR)	Tbilisi
Ivane Javakhishvili Tbilisi State University, School of Allied health	Tbilisi
Sulkhan Saba Orbeliani Tbilisi State Pedagogical University/ Ilia Chavchavadze State University	Tbilisi
Germany	
Deutscher Verband der Ergotherapeuten (DVE) e.V	Karlsbad-Ittersbach
Staatlich anerkannte Berufsfachschule für Ergotherapie der ESB-Gemeinnützige Gesellschaft für berufliche Bildung mbH	Bad Neustadt / Saale
Berufsfachschule für Ergotherapie an den Döpfer-Schulen, Köln	Köln
Bildungszentrum für medizinische Heilhilfsberufe GmbH	Gera
Europa Fachhochschule Fresenius	Idstein
Staatlich anerkannte Schule für Ergotherapie im Evangelischen Waldkrankenhaus	Berlin
EvKB gGmbH	Bielefeld
Fachschule für Ergotherapie der VHS Reutlingen	Reutlingen
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IFBA Die Schule für Berufe mit Zukunft	Melle
bfz gGmbH Erlangen, Berufsfachschule für Ergotherapie	Erlangen
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SRH Fachschulen GGMBH	Karlsbad
Staatlich anerkannte Schule für Ergotherapie an den Rheinischen Kliniken Essen	Essen
Berufsfachschule für Ergotherapie Augsburg bfz Augsburg	Augsburg
Döpfer-Schulen GmbH	Schwandorf
Domus Therapiae	Eppelheim
In BIT gGmbH Schule für Ergotherapie	Greifswald
Schule für Ergotherapie	Stuttgart-Weilimdorf
Staatlich anerkannte Schule für Ergotherapie der DAA Siegen	Siegen-Gelsweid
Berufsfachschule für Ergotherapie	Nürnberg
EvKB gGmbH	Bielefeld
Wannsee-Schule e.V.	Berlin
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Fachhochschule Osnabrück, University of Applied Science	Osnabrück
Alice Salomon Fachhochschule Berlin, University of Applied Sciences	Berlin
Bildungsstätte für Sozialwesen, Lehranstalt für Ergotherapie	Birkenfeld
Greece	
Hellenic Association of Ergotherapists	Athens
COTEC (Council of Occupational Therapists for the European Countries)	Levadia
Technological Educational Institution (T.E.I.) of Athens	Egaleo, Athens
Hungary	
University of Pécs	Zalaegerszeg
Iceland	
University of Akureyri (Haskolinn a Akureyri)	Akureyri
Ireland	
University of Dublin,Trinity College	Dublin
Association of Occupational Therapists of Ireland (A.O.T.I.)	Dublin
University of Limerick	Limerick
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Kyrgyzstan	
The Association of Kyrgyz Occupational Therapists	Bishkek City
Latvia	
Riga Stradins University	Riga
Lithuania	
Kauno Medicinos Universitetas	Kaunas
Lithuanian Association of Occupational Therapists	Kaunas
Vilnius University	Vilnius
Colledge of Panevezys	Panevezys
Malta	
University of Malta, Institute of Health Care	G'mangia
The Netherlands	
Trivium, Adviesbureau voor zorgvraagstukken	Vlaardingen
Hogeschool Zuyd	Heerlen
Hogeschool van Amsterdam	Amsterdam
Hogeschool Rotterdam	Rotterdam
Hogeschool Zuyd	Heerlen
Trivium, Adviesbureau voor zorgvraagstukken	Zwolle
Nederlandse Vereniging voor Ergotherapie	Utrecht
Nederlandse Vereniging voor Ergotherapie	Abcoude
European Master of Science in Occupational Therapy	Amsterdam
Hogeschool van Arnhem en Nijmegen	Nijmegen
Norway	
Hogskolen i Oslo	Oslo
The Norwegian Association of Occupational Therapists / Norsk Ergoterapeutforbund	Oslo
Hogskolen i Sor-Trondelag	Trondheim
Hogskolen i Tromso	Tromso
Hogskolen i Bergen	Bergen
Diakonhjemmet University College	Sandnes
Palestinian Authority	
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Portugal	
Associação portuguesa de terapeutas ocupacionais	Lisboa
Escola Superior de Saúde do Alcoitao	Alcabideche (Estoril)
Escola Superior de Tecnologia de Saúde do Porto	Porto
Romania	
University of Bacâu	Bacâu
University of Oradea	Baile-Felix
Universitatea de Vest din Timisoara	Timisoara
Russia	
State Medical Academy named after I.I. Mechnikov	St. Petersburg
Penza rehabilitation center for disabled	Penza
Serbia and Montenegro	
University of Belgrade	Belgrad
Visa medicinska skola u Beogradu (Health College in Belgrade)	Beograd
Slovak Republic	
Association for help to the paraplegics	Bratislava
National Rehabilitation Center	Kovacova
Slovenia	
University of Ljubljana	Ljubljana
Spain	
Universitat Autonòma de Barcelona	Terrassa (Barcelona)
Escuela Universitaria de Ciencias de la Salud de Zaragoza	Zaragoza
Universidad Miguel Hernández	Elche (Alicante)
Universidade da Coruña	Coruña
Universidad de Granada, Escuela Universitaria de Ciencas de la Salud	Granada
Universidad Rey Juan Carlos, Facultad de Ciencias de la Salud (Edificio Departamental)	Madrid
Universidad de Castilla-La Mancha	Talavera de la Reina (Toledo)
Universitat de Vic	Vic
Universidad Alfonso X El Sabio	Villanueva de la Cañada
Universidad Complutense	Madrid

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Sweden	
Linköpings Universitet	Linköping
Karolinska Institutet Neurotec Department	Huddinge
Lunds Universitet	Lund
Luleå University of Technology	Boden
The Sahlgrenska Academy at Göteborg University	Göteborg
Götenborgs Universitet	Göteborg
Örebro Universitet	Örebro
Switzerland	
Zürcher Hochschule Winterthur	Winterthur
Haute école de travail social et de la santé	Lausanne
Schule für Ergotherapie Zürich	Zürich
Scuola Superiore Medico-Tecnica Formazione in Ergoterapia	Trevano-Canobbio
Schule für Ergotherapie Biel	Biel
Tunisia	
Ecole Superieure des Sciences et techniques de la Sante de Tunis	Tunis
Turkey	
Hacettepe University	Ankara
United Kingdom	
Millbrook House, School of Health Professions	Exeter, Devon
University of Derby	Derby
COTEC (Council of Occupational Therapists for the European Countries)	London
Bournemouth University	Bournemouth
St. Martin's College	Carlisle
Leeds Metropolitan University	Leeds
University of the West of England	Bristol
Cardiff University, Department of Occupational Therapy	Cardiff
York St John University	York
Queen Margaret University	Edinburgh
University of Brighton	Brighton
Canterbury Christ Church University College	Canterbury
Coventry University	Coventry
University of Teesside	Middlesbrough
The University of Liverpool	Liverpool
Sheffield Hallam University	Sheffield

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The Robert Gordon University, Faculty of Health and Social Care	Aberdeen
British Association / College of Occupational Therapists	London
University of Salford	Salford
University of Ulster	Newtownabbey
Glasgow Caledonian University	Glasgow
Brunel University	Isleworth
Brunel University	Uxbridge
Oxford Brookes University	Oxford
USA	
Star Registry Services Inc.	Pasadena

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13. Council of Occupational Therapists for the European Countries

List of member associations:

Austria
Verband der Ergotherapeutinnen Österreichs
Wien

Belgium
FNBE – NBFE
Federation Nationale Belge des Ergotherapeutes
Nationale/ Nationale Belgishe Federatie van de
Bruxelles

Czech Rep.
Czech Association of Occupational Therapists
Prague

Croatia
Croatian Association of Occupational Therapists
Hrvatska Udruga Radnih Terapeuta
Zagreb

Cyprus
The Cyprus Association of Occupational Therapy
Nicosia

Denmark
Ergoterapeutforeningen
Copenhagen

Finland
Suomen toimintaterapeuttiliitto ry
Helsinki

France
Association Nationale Francaise des Ergotherapeutes
Arcueil

Germany
Deutscher Verband der Ergotherapeuten e.V
Karlsbad

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Greece
Hellenic Association of Ergotherapists,
Athens

Hungary
Magyar Ergoterapeuták Egyesülete
Budapest,

Iceland
Icelandic Occupational Therapy Association
Reykjavik

Ireland
Association of Occupational Therapists of Ireland
Dublin

Italy
A.I.T.O. (Associazione Italiana dei Terapisti Occupazionali)
Roma

Latvia
Latvijas Ergoterapeitu asociacija
Riga

Luxembourg
Association Luxembourgeoise des Ergotherapeutes
Luxembourg

Malta
Malta Association of Occupational Therapists
g'Mangia

Netherlands
Nederlandse Vereniging voor Ergotherapie
Utrecht

Norway
Norsk Ergoterapeutforbund
Oslo

Portugal
Associação Portugesa de Terapeutas Ocupacionais
Lisboa

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Serbia
Association Society of occupational therapists of Serbia
Belgrade

Slovenia
Slovenian Association of Occupational Therapists
Ljubljana

Spain
Asociacion Profesional Espanola de Terapeutas Ocupacionales
Madrid

Sweden
Forbundet Sveriges Arbetsterapeuter
Nacka

Switzerland
Ergotherapeutinnen-Verband Schweiz (EVS)
Bern

United Kingdom
British Association of Occupational Therapists
London

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Appendix 1

Report of the Validation Panel
Validation of the TUNING of
Occupational Therapy Educational Structures in Europe

Brussels, 22nd June 2007

Present:

Validation Panel: D. Aarendonk, J-M. Braichet, K. Liabo, K. Panayotova, E. Pereira, A. Lawson-Porter, K. Reichel, G. Sadlo (report), M. Seale, A. Söderström, R Zinkstok (Chair)

Observer: T. van Welij

TUNING Project Group: H. van Bruggen, S. Rowan, L. Renton, M. Skouroliakos, I. Winkelmann, S. Saenger

Observer: S. Vikström

Introduction

Hanneke van Bruggen presented the process of TUNING in the subject of Occupational Therapy, and the overall findings of the extensive consultation process.

The Validation Panel members noted that the consultation revealed:

— that Occupational Therapy competences around political, project management and leadership skills ranked lowest in importance. This was deemed a disadvantage in today's world, when occupational therapists need to take a wider health-promoting role in society, and need to contribute their special viewpoints to government policies. HvB commented that in the countries new to Occupational Therapy, therapists were more politically active.

— a lack of correlation between managers and students' ideas about Master's level competences was noted. HvB reflected that the majority of therapists within Europe have as yet no experience of Master's level studies.

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General comments

Many positive comments were made and the Panel congratulated the team on the creation of the Brochure. The content of the document was judged as very good and clear, indicating a transparent process, hard work and great achievement. It was considered important to a variety of stakeholders, and is based on sound research methodology combining empirical data with the European guidelines for higher education and the standards for Occupational Therapy education of the World Federation of Occupational Therapy (WFOT). It builds on work that the European Network of Occupational Therapists in Higher Education (ENOTHE) has already achieved, in understanding the state of the art of European Occupational Therapy education.

The Project Group members answered the Panel's questions very well, they were open-minded and accepting of the suggestions brought by the Panel.

The comments below are meant in the spirit of enhancement of an already sound document.

The Validation Panel recommended increased clarity around a number of areas. Also, the structure of the document could be refined into clearer sections, distinguishing the process and content sections.

Process of TUNING

— To reinforce the credence of the document, the methodology of the TUNING process needs to be clearer. It is the first common reference point between curricula, and it facilitates schools speaking a common language. The consultation process could be emphasised.

Purpose and intended audience of the brochure

— A statement about who the brochure is intended for, is needed. It is for a general audience, but vital for those setting up new or developing existing Occupational Therapy programmes in Europe.

— For non-occupational therapists, the domain of Occupational Therapy should be reflected in the competences section more specifically. For example, the 3rd paragraph could be integrated in the «Learning Outcomes and Competences» section. «Occupational therapists are

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skilled in the analysis, selection, synthesis, adaptation, grading and application of activities and occupations. Occupational therapists also work towards changing aspects of the environment in order to support participation».

— A statement concerning the status and time frame of the brochure: yesterday's, current or future practice and its value as an inspirational document.

— Reflect more clearly changes in practice, research, society and political agendas, to foster curricula that are more proactive in sustaining and developing future practice such as working in the community, promoting health in primary care, playgrounds, housing departments, prisons and many more role-emerging settings.

— Include a little more about the history of Occupational Therapy in Europe, to explain its present diversity (and why it needs TUNING).

— As it is expected that the Brochure will be a useful tool for schools and practitioners taking students, the roles and the competences need to be matched to the various levels very clearly.

— From a Regulators point of view, the brochure might form a basis for regulating the profession across countries and therefore needs to be easy to implement. The planned single regulator for Europe will need this document as a foundation. The Group is asked to check the generic competences with other disciplines, to tune the TUNING documents themselves, important in preventing tribalism. Educators, professions and regulators need to build cohesion between the professions within each country and across Europe.

— Clarify the status of ECTS points, stressing that they are essential for mobility of employment across the nations. There is complexity and great variation between countries at present - this document needs to help forge agreement on each others' workloads. Competences are currently being compared at the national, rather than international level.

Nature of Occupational Therapy

— Give a clear description of the role of occupational therapists and the media they use as interventions. The brochure seems to be written as if all readers know what occupational therapists do.

— Mark the difference between the health and social care professions more clearly. From the user perspective, the competences look rath-

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er like those for social workers. Write more about the importance of inclusion of occupationally deprived groups. The document could be enhanced by increased use of the word *participation*, to make it more explicit that facilitating participation is a major ethos of the profession.

— On page 17 the word «health» could be replaced by «function». Readers might then better appreciate the Occupational Therapy role in improving people's daily lives. Make it clearer that the word Health in the context of the document is intended to be more global – such as the health of societies. More about the European healthcare systems in general should be included, and related to the social verses medical model. At present, the document seems to emphasise the healthcare system, which is not the natural living environment for people with disabilities. Include knowledge of the relationship between functioning, disability and health and methods to integrate the clients' perspective.

— From the users' perspective, «therapy» brings up an immediate barrier. The terminology used seems to divide the professionals from the user groups because people with disabilities do not see themselves as sick. The tone of the document should emphasise work within communities. A term like support might better describe the profession's raison d'etre. Reconsider the use of the term «client».

— Make a glossary to reflect the meaning of concepts like occupation, health', well-being, client etc.

Place of occupational therapists in today's world

— From the World Health Organisation (WHO) perspective, the section about the profession and its history could more fully express the overall situation of health workers in today's world; the large migration of health workers from European areas to developing countries and from public to private areas, the increasing need of trained health workers. Stress the necessity that today's curricula must express the required attitude change (political awareness and activity) that needs to be developed in graduates. Put more emphasis on the ageing population. Occupational therapists seem to hold a major place in this field.

— There needs to be more emphasis on understanding the roles of other professionals like social workers, physiotherapists, psychologists and of the importance of learning to work in teams.

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— Give more explanation as to the benefits of changing curricula from teacher-based and subject-based to student-centered. This is done in the introduction to TUNING, although it could be affirmed more explicitly that this change will allow students and teachers mobility and entrepreneurship, and moreover it will allow discussions about occupational therapy education in Europe.

Inter-professional education

— There needs to be more emphasis on learning with other professionals like social workers, physiotherapists, speech and language therapists, psychologists, medics. Interprofessional education must become an aspect of all programmes. Multi-disciplinary health care is *not* expanding very much, as this document seems to indicate. Only about 5% of courses do any multi-professional shared learning. Modules focused on multi-professional learning should be included in courses.

— Competences for working within an interdisciplinary team include knowledge about the scope and methods of the other health professions, skills in interpersonal communication and respectful attitudes. These could be added to the general competences section.

Generic competences

— **Culture**. Cultural issues need more emphasis. Graduates need to appreciate the (multi)cultural aspects of peoples' needs within the therapeutic situations in each country, and within public health, and in concern for the ability of therapists to seek employment in other countries. Student and staff exchanges through Socrates could be encouraged again here. Relate this to the growing attention given to cultural and context elements within the profession – it relates to «occupational space». The latest WFOT conference advocated Global Citizenship as a part of all future occupational therapy curricula.

In the communication section could be more said about cultural communication. Support skills are needed to work with the increasing diversity of clients, even though occupational therapists have always worked with a great variety of people – different age groups, different disabilities.

— **Language.** Make dealing with language barriers a generic competency. Knowledge of English was currently a requirement in the ge-

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neric competences, to foster participation in reading literature, and in communication at conferences. However natural English speakers in the main do not have a second language, and this is seen by the panel as rather unequal. Students from the UK should also learn a second language.

— **Mobility.** Regarding student mobility, it was noted that most students do *not* get the experience of an exchange period. Consider making it a recommendation within a core curriculum that all students do some study abroad. At present many institutions support Socrates exchanges, usually for 12 weeks –but it is also the case that many institutions still will not accept credits from other countries. This might be better promoted within the teaching, learning, and assessment area of the document. This needs wider discussion within educational institutions.

— **Change.** Add another general competency - the need for graduates to adapt to change, and indeed to be proactive in making changes. Occupational therapists need more understanding about current and future changing political contexts, and global health and political contexts and they need skills to cope with the altering global health issues. Emphasise changes in practice and of the reasoning behind curricula needing to change to a student –centered approach.

— **Research skills**. The articulation of the levels of research skills needs to be more explicit within the 2 and 3rd levels. Application of critical appraisal of research papers and the ability to implement a research project with supervision could be expected at Master's level, for example.

— **Therapeutic Skills**. The way practical therapeutic skills are learnt needs more emphasis in a profession which uses activities as the media. The advanced and unique place of activity/occupational analysis within occupational therapy education on other continents has been continually eroded as academic levels have risen. European education is in a unique position within the world to demonstrate that programmes need not abandon time for learning therapeutic skills (practical, Activities of Daily Living) when courses harmonise to a higher level. Indeed, to deeply understand the theories of how humans engage in actions, the reverse might be true.

— **Different Clients and settings.** Give more attention to experiencing work within different practice areas. Different kinds of groups by age (children, youth, adolescents and seniors) and health condition

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(acute care, persons with disabilities and chronic conditions in different practice areas, e.g. orthopaedics, neurology, mental health, learning disability and homeless care) and different socio-economic situations.

- **Quality Assurance**. The quality assurance system emphasizes Competences are written in way that can lead to dynamic change; they are not too prescriptive.
- It will be an expected consequence, of these competences being adopted by Higher Education institutions, that the regulators will be able to use them for licence to practice. Other professions can take these as an example of good practice.
- The document considers that Occupational Therapy is not yet at a unified academic level of higher education in all European countries, but it is stated as a goal and a vision for the profession's first cycle of education.

Recommended enhancements (not in priority)

— The structure and sections of the document might be more logical – the process of TUNING and the content is too mixed at present.

— Can the current TUNING groups compare the descriptors of the occupational therapy generic and specific competences with those descriptors of the other professions, to tune across the professions.

— Include more information about the TUNING process, including the consultation.

— Make it clearer regarding the purpose in the document – are the statements, such as typical occupations, a directive for the future, or a description of the actual present situation?

— Include knowledge of European History and developments of Occupational Therapy, include statements about different philosophies and traditions in Europe.

— The cultural, political and user perspective in relation to current practice, could be more emphasised. E.g. social and inclusive purpose of the professional approach.

— Include more about the future vital partnerships between educators and practitioners, and all other stakeholders, especially people who use occupational therapy.

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— Statement about the users of the document is not very clear – it is currently less readable for others not within occupational therapy.

— As background, include more about the diversity, the different traditions throughout Europe, to meet local current and future changes. Paint a clearer picture of the diversity of areas of practice, and the need for a more diverse workforce.

— Be more specific about the role of occupation, needs a clear statement about the unique contribution occupational therapy makes (what differentiates this profession from social work for example).

— Emphasise the positive potential of the application of the TUNING process and document, motivating others towards mobility of students and teachers, and their employability in different countries.

— Refine terminology - the use of the term «client» - consider coming up with a term that reflects a more equal partnership in the process – client, communities, people. P 13 – nice statement - give this a more prominent place within the document.

— Create a glossary to reflect the meaning of concepts like «health» and «well-being».

— Emphasise the importance of linking theory and practice, with the importance explicit and specific inclusion of practical skills. Stress the importance of this within the assessment of fieldwork.

— More emphasis on developing competences as an entrepreneur competences, including health economics and developing emerging areas of practice in line with local needs and demographic changes in society.

— More on research levels and knowledge of a second language. Language skills should be specified in the different educational levels if communication skills or understanding foreign research literature is the goal.

— Interdisciplinary competences and experiences need to be added.

— Add need to recognise and deal with local health challenges.

— Include knowledge of the relationship between functioning, disability and health and how to integrate the clients' perspective (methods).

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Appendix 2
Generic Competences (2008)

1	Ability for abstract thinking, analysis and synthesis
2	Ability to apply knowledge in practical situations
3	Ability to plan and manage time
4	Knowledge and understanding of the subject area and understanding of the profession
5	Ability to communicate both orally and through the written word in native language
6	Ability to communicate in a second language
7	Skills in the use of information and communications technologies
8	Ability to undertake research at an appropriate level
9	Capacity to learn and stay up-to-date with learning
10	Ability to search for, process and analyse information from a variety of sources
11	Ability to be critical and self-critical
12	Ability to adapt to and act in new situations
13	Capacity to generate new ideas (creativity)
14	Ability to identify, pose and resolve problems
15	Ability to make reasoned decisions
16	Ability to work in a team
17	Interpersonal and interaction skills
18	Ability to motivate people and move toward common goals
19	Ability to communicate with non-experts of one's field
20	Appreciation of and respect for diversity and multiculturality
21	Ability to work in an international context
22	Ability to work autonomously
23	Ability to design and manage projects
24	Commitment to safety

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