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„EUPRAC“**



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## **Comparative Study**

### **Intellectual Output (O1)**

#### **Compact Version**

Project

### **EUPRAC - Europractice for Occupational Therapists**

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Project executing organisation: IBKM gemeinnützige Schulträger GmbH

Project partner: University of Ruse Angel Kanchev

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IMC Fachhochschule Krems GmbH

IBKM Praxismanagement GmbH



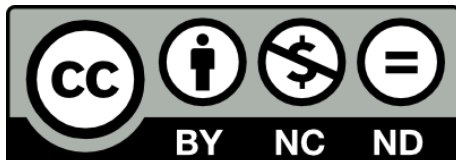
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## 1. Introduction

### 1.1 The comparative study as a part of the project EUPRAC

Due to the ageing of the population in Europe, therapeutic services increasingly gain importance and the demand for qualified therapists is steadily rising. Thus, it should be the goal to convince young people to start a training to become occupational therapists.

Apart from a high quality of the theoretical education, in particular the practical conveyance of occupational competences and the facilities to find options for employment in all the countries of the European Union play an essential role for the attraction of the occupation.

With the title „EUPRAC – Europractice for Occupational Therapists“ a European project partnership thus concentrates in particular on the part of the practical education of occupational therapists for whom no standard regulations exist when comparing the countries. The practical education, however, is a crucial component of the training. In the frame of the project, educational institution from four European countries cooperate:

- IBKM gemeinnützige Schulträger [non-profit educational authorities] GmbH as the project executing organization (DE),
- „Angel Kanchev“ University of Ruse (BG),
- Akademia Wychowania Fizycznego we Wrocławiu (PL),
- ICM Fachhochschule [University of Applied Science] Krems GmbH as well as
- IBKM Praxismanagement [Practice Management] GmbH as an important practice partner.

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Based on a comparative study focusing on the frame condition of the education, the recognition practices and the status of the occupational therapists in the social insurance system of the countries involved, a common educational ground for the practical training of occupational therapists.

### 1.2 The importance of the comparative study within the project

This basis of education (EUPRAC - Curriculum) shall pave the way for a recognised exchange of students and promote an employment history within the European Union. The knowledge of the country specific regulation and frame conditions, which, above all, concern the following fields, is crucial for the development of the EUPRAC-Curriculum:

- the occupational profile of the occupational therapist, fields of operation, therapeutical approaches and therapeutical methods, processes of therapeutic services, competences, qualifications and acceptance procedures for occupational therapists as well as legal obligations,

- the theoretical and practical education of occupational therapists in the countries involved, among other things fields of learning, contents, course volume, exams, legal stipulations as well as admission procedure,
- the status of the occupational therapists in the social insurance system, relevant legal stipulation for the field of occupational therapy as well as financing occupation therapeutical services in the countries involved.

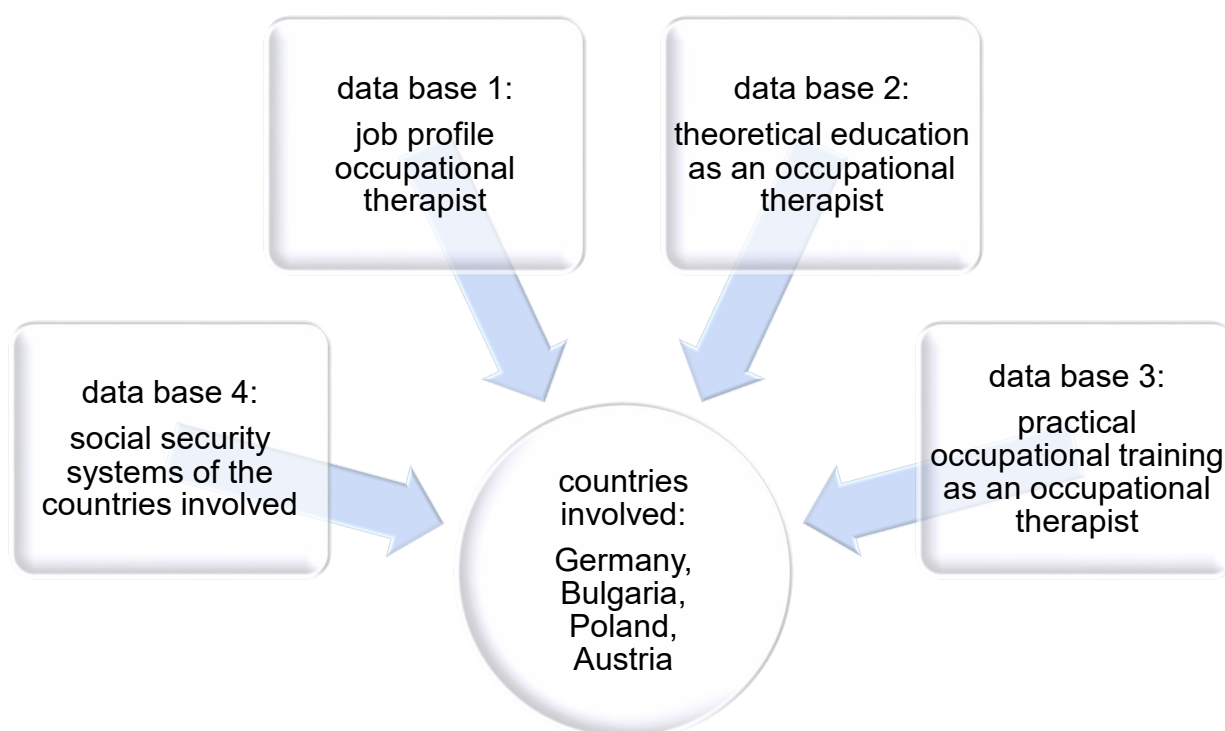
By means of the emerging database, compatible fields in the occupation-related training of occupational therapists for creating a practice curriculum shall be identified. Further important fundamentals are the Qualifications Frameworks of the World Federation of Occupational Therapists Federation (WFOT) as well as the European Qualifications Frameworks (EQR) and the National Qualifications Framework (NQR).

## 2. Compact Presentation of the Comparative Study

### 2.1 Structure and Contents of the Comparative Study

Essential components of the EUPRAC comparative study on the determined country specific data concerning the following emphases:

*Image 1- contents of the EUPRAC comparative study*



*(own presentation)*

The country specific data collected have been consolidated in the topic concerned and supplemented by a commented reconciliation.

The result(s) of the comparative study are/is presented in a compact form in point 2 of this document.



## 2.2 Methodology

The comparative study of the theoretical and practical education, the Europewide acknowledgement of degrees as well as the fields of deployment of occupational therapists within the European health market between the countries Germany, Bulgaria, Poland and Austria have been developed by the EUPRAC project team according to the following criteria of compatibility:

- contents of the education, competences,
- times of education,
- demands regarding quality and quantity; also degree related (university, college, advanced vocational schools),
- recognition placements provided by the corresponding competent national authorities,
- comparison of the social insurance systems and, in this case, especially related to the legal position of occupational therapy as well as the finance frame for services by occupational therapy.

The comparative study is based on the analysis of existing Europewide practical case studies as well as direct interviews and analyses of EUPRAC project experts in the deployment fields of occupational therapists in Germany, Bulgaria, Poland and Austria. Furthermore, extensive literature and document analyses have been made.

The technical experts of the project partners, the lecturers and practice trainers participating in work shadowings of the EUPRAC tandem teams were actively involved in the development of the EUPRAC comparative study as representatives of the EU educational structures for occupational therapy.

The representatives of the associated partners (WFOT, national social-professional organisations of occupational therapists) as well as network partners of the recognition and financing structures have been involved in the scientific research work by means of surveys, discussions or interviews.

## 2.3 Summarising Presentation of the Results

### 2.3.1 Presentation of the results regarding the database “**Job profile of occupational therapists**”<sup>1</sup>

#### 2.3.1.1 Definition of the job profile “occupational therapist”

All the participating countries have compared the occupational definition of the respective social-professional organisation what the 1 of the world federation „World Federation of Occupational Therapists“ (WFOT) and have come to the result that all definitions of the different national associations show interfaces with the occupational definition of the WFOT.

The occupational definition of the German Association of Occupational Therapists (DVE) in most parts differs only in original terms from the one of the WFOT, the only succinct difference of the 2 definitions is, that the WFOT in its definition speaks of the

<sup>1</sup> the data were compiled by: **IMC Fachhochschule Krems GmbH**

working with the community (WFOT, 2016), this is not mentioned in the definition of the DVE, here are only working with the individual is mentioned (Deutscher Verband der Ergotherapeuten [German association of occupational therapists] e.V., 08/2007).

The definitions of Ergotherapie [occupational therapy] Austria, the Austrian social-professional organisation, are similar and so are the ones of the Bulgarian National Association which also do not contain working in the community (Ergotherapie [occupational therapy] Austria, 2019). Another succinct difference between the definition of the WFOT and the one of the Austrian social-professional organisation is, that Ergotherapie [occupational therapy] Austria in its occupational definition additionally commits itself to different spheres of life in which activities can occur (Ergotherapie [occupational therapy] Austria, 2019). These are not contained in the definition of occupational therapy by the WFOT.

The Polish definition (AWF Wroclaw, 2018) describes patients as „occupational entities“, similar as in the definition of other countries, independent of their age, they are, however, in this Polish definition, also described as independent of their state of health (Constitution of Polish Occupational Therapy Association). The state of health of the patients is not particularly mentioned in depth in the definition of the other project countries. Furthermore, in the Polish definition the ethical approach as well as the workplace (as an employee in civil service or employed) is described (Constitution of Polish Occupational Therapy Association). These features are not evident in the definitions of the other countries.

*Table 1 - definition of occupational therapy of the respective social-professional organisation*

Country / Association	Definition of occupational therapy by the respective Association
WFOT	Occupational therapy is a client centred healthcare occupation which deals with the health promotion and the well-being by executing an occupation. It is the primary objective of occupational therapy to enable people to participate in activities of day-to-day life. Occupational therapists will achieve this result by cooperating with people and communities in order to improve their abilities to execute those occupations they want to, must or should execute, or to help them change the occupation or the environment in order to support their occupational commitments better (WFOT, 2016).
Germany	Occupational therapy supports and attends to people of any age who are limited in their capacity to act or are threatened by such limitation. The objective is to encourage them with the performance of activities which are important to them in the fields of self-sufficiency, productivity and leisure time within their personal environment in this respect special activities, adaption to the b environment and consultation help people facilitate activities in everyday life, social participation and an improvement of the quality of life (Deutscher Verband der Ergotherapeuten [German association of occupational therapists] e.V., 08/2007).

Country / Association	Definition of occupational therapy by the respective Association
Poland	<p>The Polish Association for occupational therapy is oriented to the following anthropological and ethical principles concerning its activities and its objectives:</p> <ol style="list-style-type: none"> <li>1) Every human being is an occupational being, independent from age, state of health and level of ability.</li> <li>2) The occupation is the main factor, to provide a meaning to human life and thus satisfies 1 of the fundamental anthropological needs.</li> <li>3) The term of justice which refers to every person must also include occupational justice.</li> <li>4) There is a direct correlation between the achievement of the population of Labour jurisdiction and the well-being of every person.</li> <li>5) Occupational therapists consider the holistic views of life of every person independent from age state of health and level of ability.</li> <li>6) Occupational therapists consider their vocation in civil service as well as in the trust of the public.</li> <li>7) Occupational therapists define and interpret the professional ethics from the point of view of the client centred practice.</li> <li>8) When doing their work, occupational therapists observe the following universal ethical principles: respect for autonomy, no-noxiousness, justice, charity, usefulness, integrity (truthfulness, confidentiality, faithfulness).</li> <li>9) In occupational therapy, professional knowledge, professional abilities and ethical thinking must supplement each other and thus be holistic.</li> </ol> <p>(Constitution of Polish Occupational Therapy Association)</p>
Bulgaria	<p>Occupational therapists help persons or groups having restrictions due to illnesses, physical disabilities and temporary or chronical mental handicaps, to regain their abilities to perform activities of everyday life. They offer measures of therapy and rehabilitation in order to enable the clients to actively participate in the society, to live their life according to their own wishes and to perform activities which they consider to make sense.</p> <p>(НАЦИОНАЛНА КЛАСИФИКАЦИЯ НА ПРОФЕСИИТЕ И ДЛЪЖНОСТИТЕ, 2011 г.)</p>

Country / Association	Definition of occupational therapy by the respective Association
Austria	<p>The Austrian social-professional organisation, „Ergotherapie [occupational therapy] Austria“ defines occupational therapy in a way, that being active in itself has a healing effect, insofar as the activities performed are chosen selectively. According to „Ergotherapie [occupational therapy] Austria“, an important aspect of occupational therapy is the ability to act in daily life which is always the centre of the therapy. This definition of occupational therapy furthermore states that the performance of activity is a human basic need, which can be used selectively in order to have a therapeutic and healthy effect. The objective of occupational therapy is here to empower people of every age in performing activities which are meaningful to them in the fields of self-sufficiency, productivity and leisure time / relaxation in their environment (Ergotherapie [occupational therapy] Austria, 2019).</p>

*(own presentation)*

In summary, it can be said that all vocational definitions of the participating countries show interfaces which make apparent that there are significant similarities in the vocational definitions of the four project countries.

### 2.3.1.2 Deployment, financing and guidance of occupational therapy

#### 2.3.1.2.1 Fields of deployment of occupational therapists

The fields of deployment of occupational therapists in the participating countries show some interfaces, such as working in hospitals. In the countries Poland, Germany and Austria it is possible for occupational therapists to be employed in public and private medical institution (Arbeitsmarktservice [labour market service] Austria, 2017), (Bundesagentur für Arbeit [federal labour agency], 2018), (Centralna Komisja Egaminacyjna [central examinations board], 2004). In Bulgaria, occupational therapists can work in social services or specialised institutions, but not, however, in rehab hospitals, as a medical education as required for the deployment in the clinic as a prerequisite. Thus, occupational therapy is classified as a field of public health care. There is another interface concerning the work of occupational therapists in social and educational fields, this is the case in all the 4 countries participating (Arbeitsmarktservice [labour market service] Austria, 2017), (Bundesagentur für Arbeit [federal labour agency], 2018), (Centralna Komisja Egaminacyjna [central examinations board], 2004). The option to become self-employed as an occupational therapists and, for instance, work in independent practices or doing house calls, merely exists in the countries of Germany, Bulgaria and Austria (Arbeitsmarktservice [labour market service] Austria, 2017), (Bundesagentur für Arbeit [federal labour agency], 2018).

#### 2.3.1.2.2 Kind of deployment

In Germany, the work of occupational therapists is regulated by the SGB [German Social Security Code] V, in Austria this is done by the occupational law of the medical-

technical services. In both countries, occupational therapists within the range of treatments of patients are only allowed to perform working with patients after receiving a medical prescription or instruction. In normal cases, these are provided by medical specialists or general practitioners, in Germany also by psychologists, and entitles occupational therapists to treat patients under their own responsibility. In Austria, this prescription must at least contain the name, the place of birth and the social security number as well as the diagnosis of the patient and the scheduled amount of therapeutic units (Ergotherapie [occupational therapy] Austria, 2019). In Austria, medical prescriptions are not mandatorily requested for occupational therapeutic measures for healthy persons in the field of healthcare promotion and prevention (Ergotherapie [occupational therapy] Austria, 2019). In Bulgaria, this kind of deployment of occupational therapists are regulated by the state, patients here report to the local agency or to the social service which then decides whether the occupational therapy is granted. Furthermore, there is a succinct difference to the countries of Germany and Austria, where patients directly turn to the occupational therapists and then receive occupational therapeutic treatment, which, however, has to be paid privately. In Poland it is not possible to work as a self-employed occupational therapist. Occupational therapists are always a part of the team which is deployed, among other fields, in social care homes, charitable workshops or psychiatric hospitals. Depending on the place of the service to be rendered, the approval is decided on. Statements whether this can be done on medical prescription only, could not be found out in the data presented.

It becomes evident, that there is a certain dependence from physicians and institutions, respectively, in Bulgaria, Germany and Austria, as these enable occupational therapists to perform occupational therapeutic treatments. In Bulgaria the possibility to bypass this step by the direct approach of occupational therapists still exists.

#### 2.3.1.2.3 Financing occupational therapy

Occupational therapeutic services in the participating countries are financed by private and / or public funds, depending whether occupational therapy is requested according to prescriptions by physicians or authorities or according to the patient's own initiative. Financing occupational therapeutic services in Germany is regulated in SGB [German Social Security Code] V. Depending on the situation, the disease or the accident the costs for the therapy are taken over by different sponsors. Furthermore it is regulated which patients are obliged to pay or are exempt. The following sponsors are listed in Germany (IntelliMed GmbH, 2017):

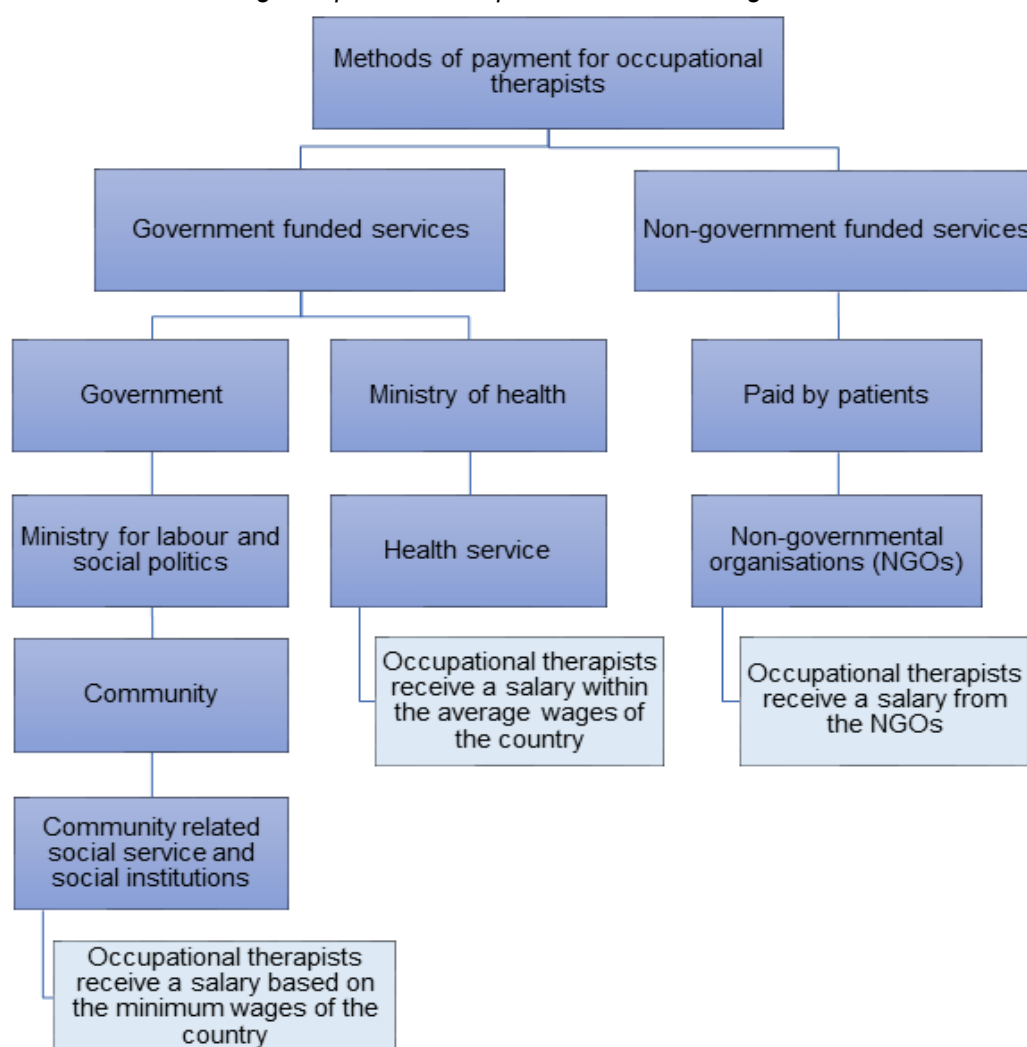
- compulsory health insurances,
- private health insurances,
- employers mutual insurance associations and statutory accident insurances,
- statutory pension insurers,
- self-pay patients.

Similar to Germany, there is a clear breakdown of financing the healthcare system also in Bulgaria (see Image 1). This concentrates on existing problems such as the

limited access of disabled people to medical rehabilitation. Occupational therapy in Bulgaria is listed among complex rehabilitation with all the social services which are reimbursed by the state. This means that patients are entitled to receive occupational therapeutic services insofar as the social worker within the interdisciplinary team decides that the patient needs occupational therapy. This occupational therapeutic service is free of charge for the patients when prescribed by the social service worker. The fee for the occupational therapist is financed by the state, by the ministry for employment and social policy or the ministry for healthcare. All occupational therapeutic services which are not part of a service financed by the state have to be paid for by the patients.

In this case there is an important difference whether an occupational therapeutic service is performed based on an expertise prescribed via the state or on the patient's own initiative. If patients ask for occupational therapeutic services of their own account without being able to provide a prescription or an expertise, respectively, the services have to be paid for from private financial means.

*Image 2 - methods of financing occupational therapeutic services in Bulgaria*



*(own presentation)*



The social insurance system in Poland consists of the three basic sectors of „state institutions“, „private institutions“ und „charitable organisations“, which are responsible for financing the occupational therapeutic service in Polish Social Care. The financial sources are, investigated in detail, very complex, but in general state funds are as stated here. Which fund and which financial source, respectively, can be claimed, depends on the location of deployment of the occupational therapists as presented in the following image.

*Image 3 - financing of occupational therapeutic services in Poland*

		NFZ <sup>107</sup>	PERON <sup>108</sup>	MRP:PS <sup>109</sup>	Gmina <sup>110</sup>	Powiat <sup>111</sup>	Marszałek <sup>112</sup>	FP <sup>113</sup>	Działalność <sup>114</sup>	EU <sup>115</sup>
DPS <sup>116</sup>	870'000 PLN			V						
	1'187'000'000 PLN				V					
	1'945'000'000 PLN					V				
RDPS				V						
SDS				V						
DDP					V					
WTZ <sup>117</sup>	471'000'000 PLN 667'000 PLN/ WTZ 17'800 PLN/ Client		89,00%							
ZAZ <sup>118</sup>	198'000'000 PLN 1'900'000 PLN/ ZAZ 47'800 PLN/ Client		63,00%		4,00%					
CIS <sup>119</sup>	112'000'000 PLN 714'000 PLN/ CIS 11'000 PLN/ Client				21,00%			40,00%	23,00%	9,00%
KIS <sup>120</sup>					V					V
Hospitals		V					V			
Wards/ Units		V					V			

(Główny Urząd Statystyczny, 2017)

In Austria, the vocation of the occupational therapist is a healthcare vocation which is legally regulated (Ergotherapie [occupational therapy] Austria, 2020). Financing occupational therapeutic services is subordinated to the general social security law. Thus, a major part of these are financed by the health insurances in Austria, whereas the assumption of costs depends on the kind of service and the sponsor of the insurance. At the most a valid medical prescription as well as the invoice and, in most cases, a previous approval by the respective sponsor of the insurance are the prerequisites for a cost assumption (Ergotherapie [occupational therapy] Austria, 2019). A major part of the health insurances established in Austria of an occupational therapy is offered as a contractual service. If this is the case, the patients can choose between a health insurance therapist or occupational therapist without a health insurance contract. If the patients choose a therapist without a health insurance contract, the patients to be treated are reimbursed up to 80% of the fee of health insurance therapists for the costs for the therapy. If the treatment is performed by a health insurance therapist, the complete costs for the therapy are paid for by the competent sponsor of the health insurance. Less well established health insurances partly do not offer occupational therapy as a contractual service. If this is the case,

patients merely receive an allowance for the therapy. In case occupational therapeutic services are performed in the preventive field as well as in healthcare promotion and consultation for ergonomics in everyday life, these are in most cases financed privately or by the employing enterprise. There is no allowance for the cost of the therapy in most cases (Hauptverband der österreichischen Sozialversicherungsträger [Central Association of the Austrian social insurance sponsors], 2018).

In all the four participating countries, occupational therapy is financed by public and private means. Here it is to be differentiated that in Bulgaria and Poland public financing is only done in a limited way due to recognition deficiencies and deficient options for deployment of occupational therapy in public medical institutions. In the countries of Austria, Germany and Bulgaria, the allocation of financing is well structured based on legislative texts, so it can be clearly understood which means finance what occupational therapeutic services. In Poland this is more complex as presented in the table shown above (Image 3).

### 2.3.1.3 Distribution of occupational therapists in the fields of deployment in percentage

The German Bundesagentur für Arbeit [federal labour agency] and the Federal Statistical Office continuously record the amount of occupational therapists in Germany. The last record of the year 2017 showed that there were 59,000 active occupational therapists trained and approved in Germany (Deutscher Verband der Ergotherapeuten [German association of occupational therapists] e.V., 2017).

In Austria, all members of the healthcare professions and nursing professions as well as the members of the medical-technical service have had to be registered in the professional healthcare register since 1 July 2018. Occupational therapists are subdivided in this register based on their employment and / or their self-employed activities (Ergotherapie [occupational therapy] Austria, 2017/1). All in all there are approximately 3500 active occupational therapists in Austria, according to the professional healthcare register these are subdivided in one third of employed, one third of self-employed and one third of employed and self-employed occupational therapists (central association of the Austrian sponsors of the social insurances, 2019).

Also in Bulgaria there are explicit figures regarding their active occupational therapists educated in the country. The low figure of 43 occupational therapists in Bulgaria can be attribute it to the fact, that the profession of the occupational therapist has been in existence for just 12 years.

In Poland no exact figures regarding the amount of the active occupational therapists are known, but it can be stated that an entire amount of 7290 occupational therapists have been educated. Furthermore, the amount of potential workplaces can be calculated based on the number of beds in the hospitals.

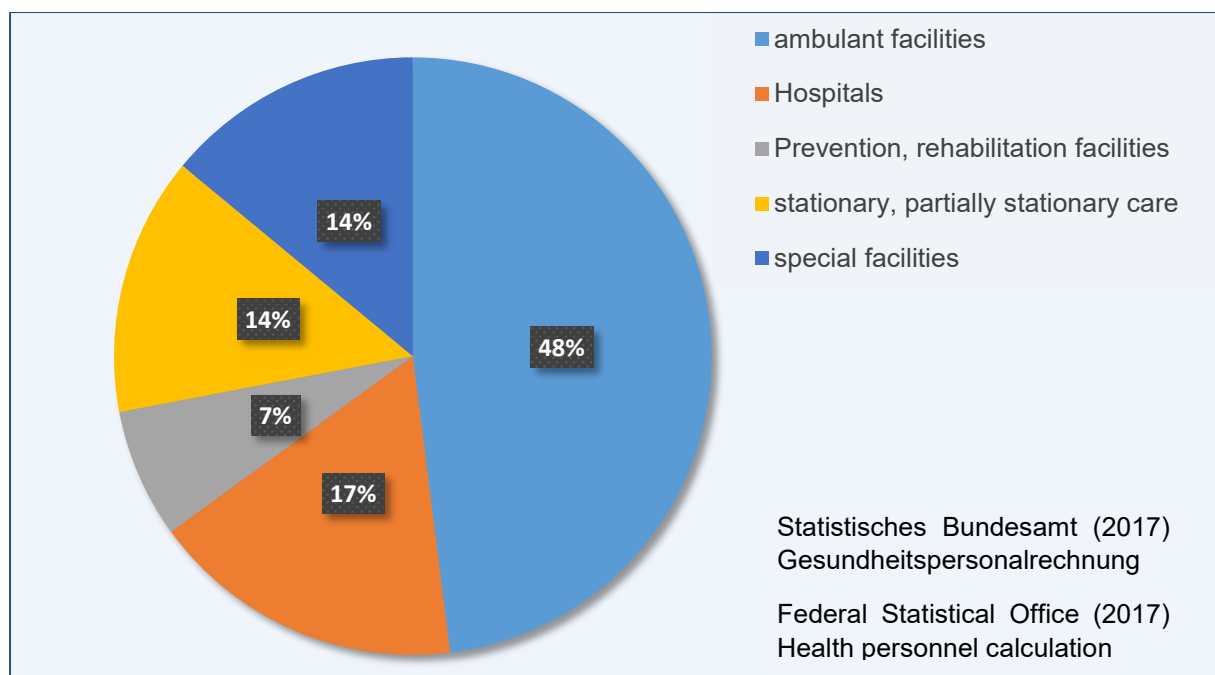
When comparing the amount of trained and active occupational therapists, it becomes clearly evident that Germany presents by far most of the practising occupational therapists.



The following images give an insight in the fields of deployment in which occupational therapists are active in the participating countries.

In Germany, 48% of the occupational therapists work in outpatient facilities. Among these are also those who work self-employed in independent practices. A percentage of 17% of the therapists are employed at hospitals and each 14% of the existing occupational therapists in Germany work in the field of stationary care and partly stationary care, as well as in other institutions. 7% of the occupational therapists can be allocated to the field of prevention rehab institution (Deutscher Verband der Ergotherapeuten [German association of occupational therapists] e.V., 2017).

Image 4 - distribution of occupational therapists in Germany in percent according to the different fields of work



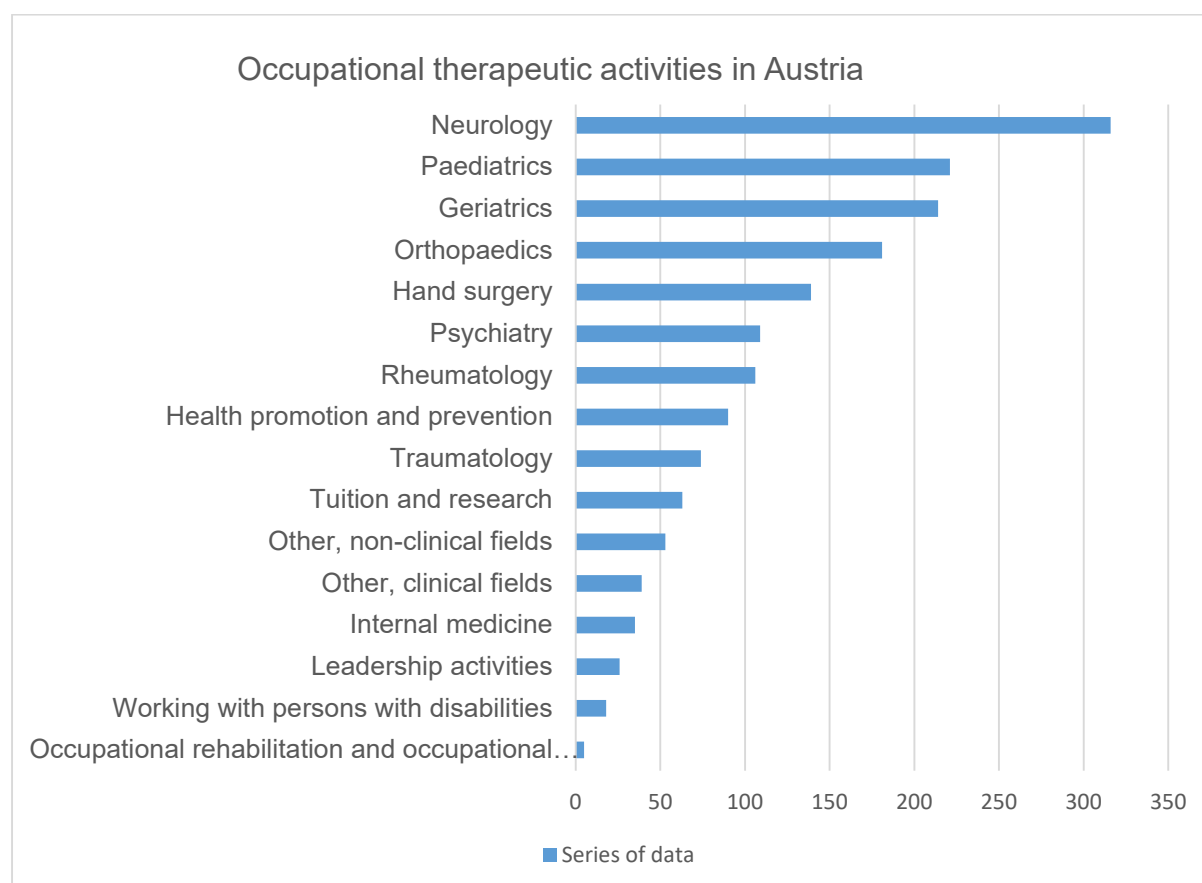
(Deutscher Verband der Ergotherapeuten [German association of occupational therapists] e.V., 2017)

In Austria, the social-professional organisation published a survey of 603 occupational therapists in 2017, which was about their occupational fields of activity. The participants could select up to 3 of the 10 activities suggested. On average, one to two fields of activity were stated (n=1689).

The survey showed that every fifth occupational therapist in Austria works in the field of neurology. Approximately every seventh can be allocated to the fields of pediatrics and geriatrics, followed by occupational therapists in the field of orthopedics at approximately 11%. According to this survey, 8% of the occupational therapists in Austria in 2017 are allocated to hand surgery, 6% each to psychiatry and rheumatology and 4% to a traumatology. In addition to that, health promotion and prevention are stated to be at 5% and activities in the field of teaching and research 4%. In some cases, occupational therapists are active in the field of internal medicine (2%). Approximately 1% work with disabled people. As regards figures, work

rehabilitation and occupational integration bring up the rear with 0.3%. In addition to that, 1.7% of the activities were characterised working in leading positions, a total of 2% as working in other clinical fields (oncology, social psychiatry, persistent vegetative state, palliative care, etc.) and 3% in nonclinical fields (Ergotherapie [occupational therapy] Austria, 2017/1).

*Image 5 - distribution of occupational therapists in Austria in percent according to different fields of work*



*(Ergotherapie [occupational therapy] Austria, 2017/1), (own presentation)*

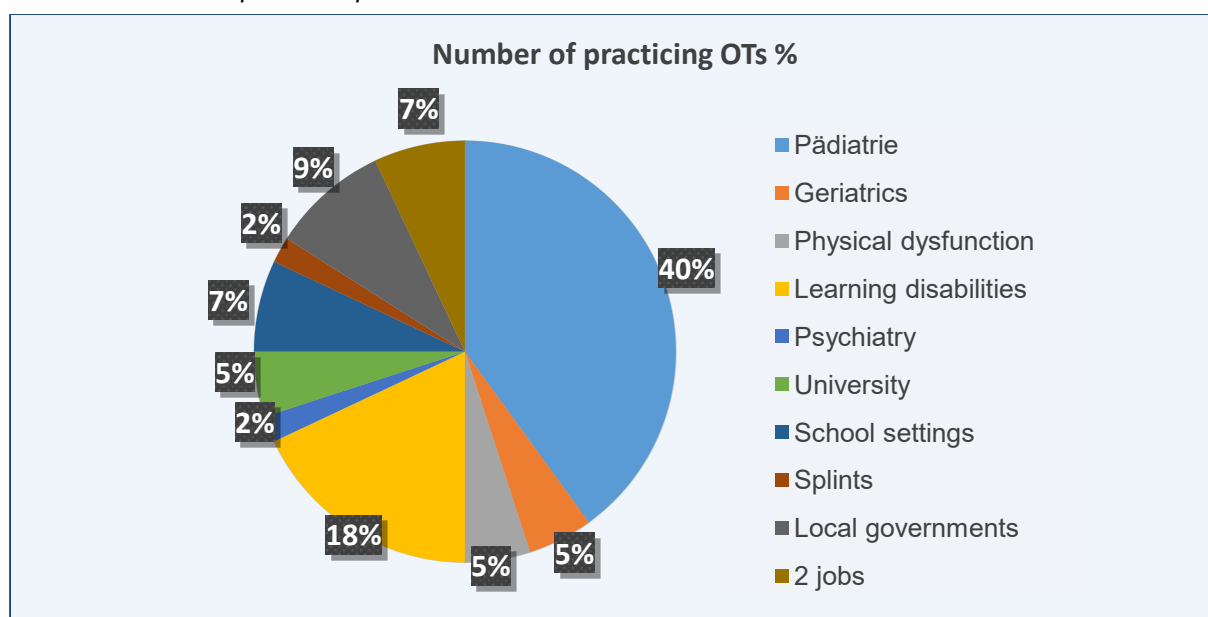
The fields of deployment of occupational therapists in Bulgaria are mainly established in social services for disabled people, such as day-care centres for disabled children, centres for social rehabilitation and integration or homes for mentally and / or physical disabilities. The following images show a precise breakdown of the active occupational therapists in Bulgaria, structured according to fields of expertise and fields of deployment.

A major part of 40%, of the therapists is active in the field of paediatrics, in addition to that 18% work with patients showing learning disability. Collectively, four of the 43 active occupational therapists in Bulgaria work in administration, approximately 7% each in school environments or in other fields of deployment for occupational therapists. Two occupational therapists are each established in the fields of geriatrics, university and teaching as well as work with patients with physical malfunction. One therapist each per special field brings up the rear in the fields of psychiatry and splint production.

Image 6 - distribution of occupational therapists in Bulgaria in percent according to the different fields of work

Field of practice	Amount of employed occupational therapists	Percent
Paediatrics	17+2*	39,53 %
Geriatrics	2	4,65 %
Physical malfunction	2	4,65 %
Learning disabilities	8	18,6 %
Psychiatry	1+2*	2,32 %
University	2+2*	4,65 %
School	3	6,98 %
Splints	1	2,32 %
Administration	4	9,30 %
Workplaces in other fields	3 (*)	6,98%

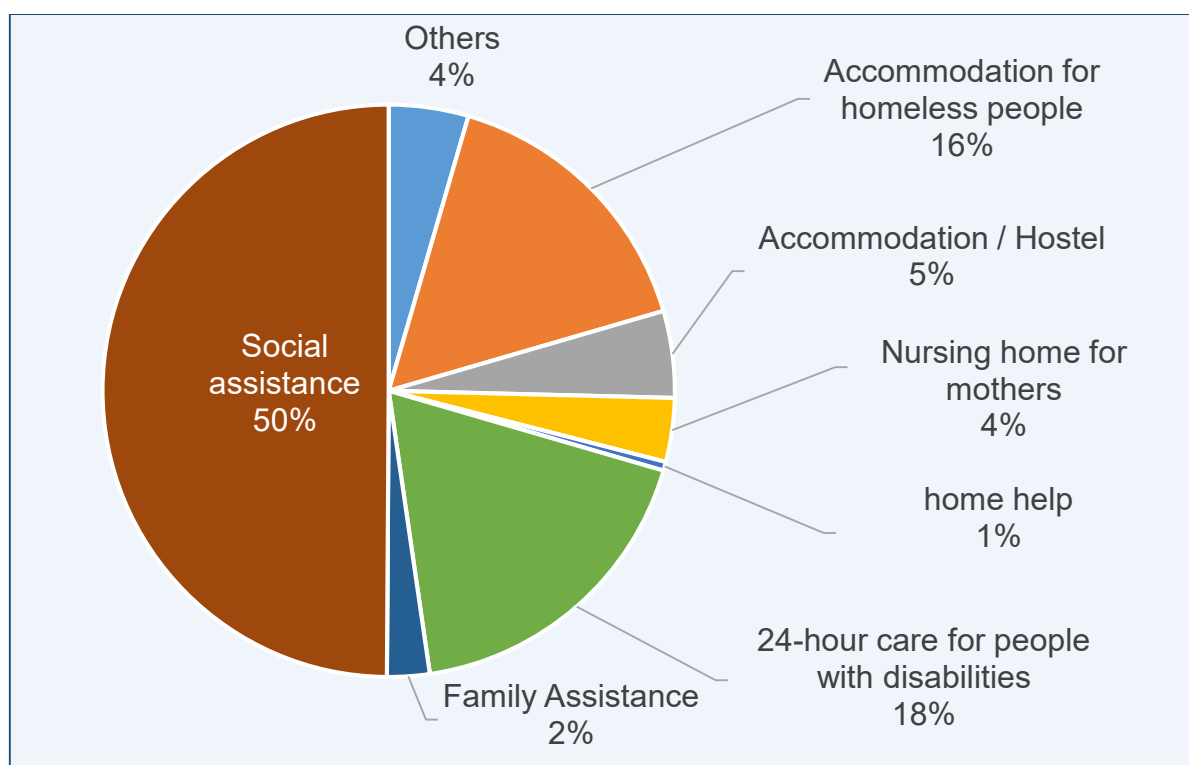
Image 7 - graphic presentation of the distribution of occupational therapists in Bulgaria according to different fields of expertise in percent



(own presentation)

Occupational therapists in Poland are first and foremost active in hospitals, rehabilitation institutions, family allowances and in social institutions as well as in the care of disabled people. The distribution of occupational therapists in the fields of deployment in Poland is presented in the following image. It can be clearly recognised, that half of all therapists is active in social welfare. Approximately 18% are established in the field of 24 hours care for disabled people and 16% in accommodations for the homeless. The residual 16% of the active occupational therapists in Poland are distributed to the fields of: housing and hostels (5%), homes for mothers (4%), family assistance (2%), as well as domestic assistance (1%) and other fields of work for occupational therapists (4%) (GUS, 2017).

Image 8 - distribution of occupational therapists in Poland in percent according to the different fields of work



(GUS, 2017)

Considering the statements of the four participating countries it becomes evident, that occupational therapists in Bulgaria and Poland are prevailingly active in social institutions and in social service. In Germany and in Austria the occupational therapists active in hospitals and those working self-employed in practices or based on how schools.

#### 2.3.1.4 Diagnostic systems

The countries of Germany, Bulgaria and Austria use the identification code / ICD-10 for the codification of diagnostics (IntelliMed GmbH, 2017), (DIMDI Medizinwissen [medical knowledge], 2019), (ICD 10, 2016). In some institutions in Austria diagnostics and documentation continue to be performed based on the international classification of functional ability, disability and health (ICF), this is, however, not the normal case. Apart from the ICD-10 codification, which is, according to the stipulations of the president of the National Health Fund, used for primary diagnostics and in some modern rehabilitation programs, occupational therapists in Poland prevailingly use the predecessor, the ICD-9 codification. There is no detailed justification for the utilisation of ICD-9 in Poland.

Due to the nationwide utilisation of the ICD-10 qualifications, the data collected in the different countries give a hint that in Germany, Bulgaria and Austria there is a similar understanding of diagnostics and therapeutic indications. By the fact, that also in Poland the ICD-10 qualifications is used in some fields, it can be taken that also here

there is knowledge and understanding of this codification. Due to the existing knowledge of the ICD-10 qualifications in all participating project countries, standardised diagnostics as well as a standardised vocabulary of technical terms can be assumed. This again shows an important aspect in mutually working on the practical curriculum.

### 2.3.1.5 Therapeutic objectives

The general formulation of objectives of the countries of Germany and Bulgaria is identical, in both countries the issues “prevention of further impairments“, “improvement, reconstitution or acquisition of abilities“, as well as “achievement and reconstitution of independence in ADLs (activities of daily living) and IADLs (instrumental activities of daily living)“, “improvement of the quality of life“ and “social inclusion“ rank first (IntelliMed GmbH, 2017), (Тодорова, Л., 2012). Austria handles the formulation of occupational therapeutic objectives similarly, in this respect the superordinate objective of occupational therapy always is to achieve the greatest possible autonomy in everyday activities. In doing so, occupational therapists in Austria work client centred and are focused on activities in order to enable clients to participate in activities they want to perform, but also to extend the participation in social and cultural activities which have to be performed or of which the participation is expected (Mayor et. al., 2014).

The increased amount of interfaces of the kind formulation of occupational therapeutic objective indicate, that their countries of Germany, Bulgaria and Austria follow a similar approach when formulating the objective.

It can be furthermore taken from the Austrian data presented, that students within the training, and also in the documentations of the practical trainings have to follow a hierarchical presentation of the objectives. These begin with the superordinate „rehab objective“, which does not mean a job specific objective, but an objective composed together in interdisciplinary setting. It is followed by the “indicative objective“, which is the superordinate objective of occupational therapy and which shall contribute to achieving the rehab objective. This objective again can be broken down into several “general objective“ which shall represent sub-steps in therapy. The resulting „find objectives“ on the smallest unit of the hierarchical formulation of objectives described here. They must be formulated in accordance with the international SMART criteria, they refer to bodily functions, activities or individual-related factors, they can be achieved within one therapeutic unit (Habermann et. al., 2009).

A clear definition of the occupational therapeutic formulation of objectives such as in other participating countries does not exist in Poland. Then the definition of the occupational profile (see 2.3.1.1) is referred to. When this is considered, it becomes, however, evident that also in Poland the reconstitution of the abilities as well as the competence for the individual to execute meaningful activities in daily life is in the focus of occupational therapy. From the presented facts it can be concluded, that also in Poland similar approaches for the formulation of the occupational therapeutic objectives are used as they are in the participating countries.

In order to gain a best possible understanding within the framework of cooperation and the development of a project-related practical curriculum, the utilisation of the same terms shall be assured.

### 2.3.1.6 Therapeutic approaches and methods

*Table 2 - therapeutic approaches and occupational therapeutic methods of the 4 project countries*

Germany	<p>In Germany, the remedy is determined by the physician / psychologist by means of description (IBKM Praxismanagement [Practice Management] GmbH, IBKM gemeinnützige Schulträger [non-profit educational authorities] GmbH, 2018). There are four remedies which provide the method and the therapeutic approaches in Germany:</p> <ul style="list-style-type: none"> <li>• motor-functional treatment</li> <li>• sensorimotor–perceptive treatment</li> <li>• mental-functional treatment</li> <li>• neuropsychological treatment.</li> </ul> <p>In addition to that, there are complementing remedies in Germany:</p> <ul style="list-style-type: none"> <li>• thermotherapy / thermal treatment</li> <li>• splint construction</li> <li>• medical diagnostics for measures of occupational therapy.</li> </ul> <p>(Scheepers et. al., 2011)</p>
Bulgaria and Poland	<p>In Bulgaria (University of Ruse, 2018) and Poland (AWF Wrocław, 2018) the patients are also allocated to fields of deployment, according to the presented data of the two countries, however, no defined specifications are determined. Considering the data, it can be understood that the patients are similar in many starting points such as disease, limitation or disability (Breadly, 1996, S.9). It can thus be assumed that the mentioned methods of the project partners can be at least partly integrated into the into the four remedies used in Germany and are thus comparable and transferable.</p>
Austria	<p>In Austrian the use the therapeutic methods in occupational therapy to describe how to proceed in the respective therapy. Among others, different concepts such as Marte-Meo, SI, Bobath etc. are used. Some examples for therapeutic methods in the field of psychiatry are “everyday life and life oriented method“, “expression centred method“, “interactional method“, “perception centred method“, etc. (Kubny-Lüke et. al., 2003).</p> <p>In Austria, the therapeutic approaches of occupational therapy are tightly coupled to the institutional factors of the workplaces and departments. Students of the IMC FH Krems–University of Applied Sciences learn to know different therapeutic approaches in theory and practice. The following are taught within the study course for therapy planning:</p>



- Restitution,
- Aquisition,
- Adaption / Compensation,
- Guidance / Training,
- Health Promotion / Prevention.

(Fisher, OTIPM-Occupational Therapy Intervention Process Model, 2014)

In Austria, they also use measures generated by the Österreichische Bundesinstitut für Gesundheitswesen [Austrian Federal Institute for Healthcare] (ÖBIG) in the year 2003 in addition to therapeutic approaches and methods. The methods defined then our used until today, the momentary trend, however, of the occupational therapeutic treatment in Austria moves towards working with meaningful activities, more and more turning away from concepts and defined measures.

The following measures of occupational therapeutic treatment have been defined:

Measure for the improvement of functions with the objective to heal or to reconstitute	Training (exercise treatment)
	Changing biological, physiological or neurological processes
Measures for compensation and adaptation	Adaptation
	Supplied with splints and auxiliaries
	Measures to change proceedings for everyday activities
	Modification of the environment
Information, training and consultation of the patient and their next of kin?	Information, training and consultation
Health promotion and prevention from disabilities	Occupational therapy in primary prevention
	Occupational therapy and secondary prevention
	Occupational therapy in tertiary prevention

(Österreichisches Bundesinstitut für Gesundheitswesen [Austrian Federal Institute for Healthcare], 2003) (own presentation)

The data of all the project partners at hand and the considerable differences between the individual countries regarding therapeutic approaches and methods contained within can be attributed to a different terminology and / or use and description of both terms. The individual terms should be clarified and generalised for creating a practice curriculum, as far as they are relevant for it, so that a standard use of these terms is possible in the four project countries.

#### 2.3.1.7 Qualifications / acceptance procedures for occupational therapists in the participating countries

The respective countries show different, however, partly overlapping or similar ways of training and qualifications for occupational therapists. In Germany (IBKM Praxismanagement [Practice Management] GmbH, IBKM gemeinnützige Schulträger [non-profit educational authorities] GmbH, 2018) it is compulsory according to the occupational therapists act – ErgThG and the regulation for the training and examination of occupational therapists – ErgThAPrV to do a 3 years full-time training with the state exam at the end in order to learn the profession of an occupational therapist. This training comprises 4,400 ours. In addition to that, a police clearance certificate as well as a medical certificate are required to get a professional certificate and that the permission to execute the profession in Germany. There is furthermore the option to do a bachelor or master's degree in occupational therapy, which is, however, only possible as a part of further training. It can only be achieved in connection with the state examination (Bundesagentur für Arbeit [Federal Labour Agency], 2018).

In Bulgaria (University of Ruse, 2018), the profession of the occupational therapist is still very young. It is only 12 years ago, that an education as an occupational therapist was commenced. There the University is the sole training institution of the country. A bachelor degree (duration: 4 years) is the lowest level of qualification / education and thus describes the level of demands to be able to work as an occupational therapist in Bulgaria.

The situation in Austria a similar. Occupational therapists get a professional permit after positively completing a bachelor course (3 years) or after the acknowledgement of a proof of qualification. To be permitted to work in Austria, occupational therapists in Austria have had to be registered at the Austrian register for health professions since 1 July 2018. This registration is valid for 5 years and then has to be extended so that it remains to be valid further on. Furthermore, the appropriateness regarding the state of health and the trustworthiness required for the professional obligations as well as the knowledge of language necessary for executing the profession are required (BMASGK, et. al., 2019).

In Poland (AWF Wrocław, 2018), there are 5 levels of qualifications for occupational therapists:



Table 3 - levels of qualifications for occupational therapists in Poland

HEALTH MINISTRY'S DECREE on the qualifications of the employees of certain job descriptions in non-commercial units, 20 July 2011		
Job Position	Qualification	Additional qualifications
Senior assistant in occupational therapy	<ul style="list-style-type: none"> <li>Degree in a higher course of study of education at the faculty or at the department of occupational therapy, which covers a minimum of 3000 hours of education including 2000 hours in the group of basic and directional contents teaching knowledge on therapeutic theory and techniques; bachelor degree</li> </ul>	Promotion in the fields of: medicine or health sciences
Assistant in occupational therapy	Degree in a higher course of study of education at the faculty or at the department of occupational therapy, which covers a minimum of 3000 hours of education including 2000 hours in the group of basic and directional contents teaching knowledge on therapeutic theory and techniques; bachelor degree	7 years of occupational activity as an occupational therapist
Junior assistant in occupational therapy	Degree in a higher course of study of education at the faculty or at the department of occupational therapy, which covers a minimum of 3000 hours of education including 2000 hours in the group of basic and directional contents teaching knowledge on therapeutic theory and techniques; bachelor degree	5 years of occupational activity as an occupational therapist
Senior therapist in occupational therapy	<ul style="list-style-type: none"> <li>Degree at a public or non-public school with the rights of a public school and the achievement of the professional title as an occupational therapist or the diploma for the professional qualifications as an occupational therapist, or</li> <li>Degree at a public or non-public postsecondary school with the rights of a public school and the achievement of the professional title as an occupational therapist</li> <li>Trainer / instructor all degree in the professional field of occupational which covers at least 3000 hours of education</li> </ul>	3 years of occupational activity as an occupational therapist

	including 2000 hours in the group of basic and directional contents teaching knowledge on therapeutic theory and techniques; bachelor degree	
Occupational therapists	<ul style="list-style-type: none"> <li>• Degree at a public or non-public school with the rights of a public school and the achievement of the professional title as an occupational therapist or the diploma for the professional qualifications as an occupational therapist, or</li> <li>• Degree at a public or non-public postsecondary school with the rights of a public school and the achievement of the professional title as an occupational therapist or the diploma for the professional qualifications as an occupational therapist, or</li> <li>• Degree in the field of occupational therapy, which covers at least 3000 hours of education including 2000 hours in the group of basic and directional contents teaching knowledge on therapeutic theory and techniques; bachelor degree</li> </ul>	No additional qualifications or years of work experience

(DZIENNIK USTAW RZECZYPOSPOLITEJ POLSKIEJ, 2011)

The differences in the qualifications of occupational therapists in Poland result from the kind of educational institution and the work experience in occupational therapy. The responsibilities relating thereto are not specified. This shows that occupational therapists, after two years at a school providing vocational education and after the general qualification for university entrance, have similar job perspectives as after a three-year bachelor course (DZIENNIK USTAW RZECZYPOSPOLITEJ POLSKIEJ, 2011).

In summary, it has to be emphasised that in all the participating countries both theoretical and practical tuition as well as contents including occupational practice in the form of practical training have to be successfully completed in order to achieve the professional licence and to fulfil the mandatory qualifications. The aspect that all trainees and students in the four project countries have to successfully complete practical training is pivotal and important for the further proceedings in the project within the development of a curriculum in practical training for the participating countries.

#### 2.3.1.8 Competences of occupational therapists

Comparing the fundamental and core competences of occupational therapists in the participating countries, significant interfaces can be recognised. The formulation of core competences in the countries of Bulgaria and Poland are identical even in wording. In Austria and in Germany these are different but, however, remarkably

similar as regards their gist. In general, the individual competences in the participating countries can be summarised and subclassified in the following points:

- expert and methodical knowledge of occupational therapy,
- occupational therapeutic processes and professional thinking,
- job-related connections and relationships (incl. interdisciplinary and multidisciplinary ones),
- professional autonomy and responsibility,
- research and development in occupational therapy / science,
- management and promotion of occupational therapy.

In the framework of core competences, a commercial aspect is phrased in Germany, additionally, which points at working as a self-employed occupational therapists in independent practices (Deutscher Verband der Ergotherapeuten [German association of occupational therapists] e. V., 2018).

At the end of the year 2019, a competence profile for occupational therapists in Austria was worked out by the social professional organisation “occupational therapy Austria”, inspired by the CanMed Roles in liaison with the members and the occupational therapeutic training schools. The formulated competence profile is structured in different roles and describes the core competences which are directly connected to playing one of these roles (Ergotherapie [occupational therapy] Austria, 2019/4).

In this study it was assumed that the occupational therapists at work would play the most different roles. The core competences were defined for the following roles:

- competences for the role of an expert
- competences for the role of a manager/in
- competences for the role of a team worker
- competences for the role of a health advocate?
- competences for the role of a communicator
- competences for the role of an instructor
- competences for the role of a professional.

(Ergotherapie [occupational therapy] Austria, 2019/4)

Considering this model of the Austrian core competences, again significant overlaps with those of other partner countries can be recognised.

The similar formulation and meaning of the fundamental and core competence in the 4 participating countries will have a positive effect on the mutual creation of a curriculum of practical education as it can be assumed in so far as the members of the professional job description of occupational therapy achieve similar competences within their education.

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### 2.3.2 Presentation of results from the database „**Berufspraktische Ausbildung von Ergotherapeut/innen** [practical occupational training of occupational therapists]“<sup>2</sup>

#### 2.3.2.1 Description of the practical occupational training of occupational therapists in the countries involved

In all four countries - Austria, Bulgaria, Germany, and Poland - the practical occupational training is an essential and central topic and a principal element of the curriculum regarding occupational therapy. In order to become an occupational therapist, the students have to do many working hours in the form of practical training.

The minimum standards of the World Federation of Occupational Therapists (WFOT) (Minimum Standards for the education of Occupational Therapists (2002), revised in 2016) the central focus on the practical work of the students in practical occupational training. It is the objective to integrate the knowledge, the occupational basics and the professional acting of the students in practice. Knowledge, abilities and attitudes shall be mastered on the competence level corresponding to the demands to a qualified therapist. Practical training takes place in institution of different kinds, with individual and group clients of different ages and at different stages of the disease and with different religious and ethnical backgrounds. In addition to the established basic structures, a practical training can also take place in newly arising institutions offering services for people with different needs who need occupational therapeutic services. It can be described as the most important conclusion from the country specific data for the field of practical training, that the standards of the WFOT for the training of occupational therapists are met. This in particular refers to the amount of hours for the practical training which in all the countries involved exceed the given minimum amount of 1000 hours.

##### 2.3.2.1.1 Curricula for the practical occupational training of occupational therapists in the countries involved

The duration of the occupational therapeutic trainings in the four participating institutions is rather similar and takes between three years (Germany, Austria, Poland) and for years (Bulgaria). Also the total amount of practical hours can be compared and takes from 1020 hours (Bulgaria), 1050 hours (Poland), 1150 hours (Austria) up to 1720 hours (Germany). Corresponding to the different ways of education in the participating countries, the students of school institutions providing vocational education and university institutions, respectively, (Austria, Bulgaria and Poland) have to prepare a diploma thesis / bachelor thesis at the end of the course of studies. In Austria, there is also a bachelor exam at the end of the course of studies.



The training in Germany is based on a fundamental training to become an occupational therapist. Based on this it is possible to successfully complete a bachelor course of studies. All the occupational therapists to be have to take a bachelor state exam and present a bachelor thesis. Based on this, a course of studies with a degree as Master of Science (M. Sc.) can be added.

<sup>2</sup> the data were compiled by: **"Angel Kanchev" University of Ruse**

Table 4 - key data regarding the training/course of studies in comparison of the countries

Country	Curriculum	Duration	Degree
Germany	<p>The curriculum must correspond to the training and examine regulation for occupational therapists (ErgThAPrV). In most schools, it has to be approved based on the curriculum that the theoretical and practical tuition is performed in accordance with the ErgThAPrV.</p>	<b>Training:</b> <b>three years</b> <b>4400 hours</b> Course of studies: duration according to the respective kind of the course of studies • integrated in the training or extra-occupational - 180 ECTS [European credit transfer system] • full-time 210 ECTS [European credit transfer system]	<b>Training:</b> <b>state exam</b> (written, oral, practical exams) <b>Course of studies:</b> bachelor's thesis
		<b>1720 hours of practical work</b>	
Bulgaria	<p>The curriculum has been developed in correspondence with:</p> <ul style="list-style-type: none"> <li>• the requirements of the European network for occupational therapy in university education,</li> <li>• the WFOT minimum standards for the training of occupational therapists of the world association of occupational therapists,</li> <li>• the Bologna declaration and the European Credit and Transfer System (ECTS),</li> <li>• the University &amp; College Act in Bulgaria,</li> <li>• the internal regulation of the University of Ruse.</li> </ul>	<b>4 years</b> <b>Bachelor</b> <b>2790 h</b> <b>240 ECTF</b>	<b>Final year project</b>
		<b>1020 h practical work</b>	



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Country	Curriculum	Duration	Degree
Poland	The curriculum has been completely aligned to the standards of the European network for occupational therapy in the university sector and the EU guidelines.	<b>3 years</b> <b>Bachelor</b> <b>3225 h</b> <b>180 ECTS</b>	<b>Final year project / bachelor exam</b>
		<b>1050 h</b> <b>practical work phase</b>	
Austria	In Austria, the curriculum of the bachelor course of study “occupational therapy” in Austria and thus the theoretical and practical contents of the training are subject to various laws and are oriented to international standards. The practical training within the bachelor course of studies “occupational therapy” is regulated in the MTD educational regulation (appendix 5 /part B). ENOTHE and WFOT standards are met.	<b>3 years</b> <b>Bachelor</b> <b>4500 h</b> <b>180 ECTS</b>	<b>Bachelor thesis</b>
		<b>1150 h</b> <b>practical work</b>	

The contents of the occupational therapeutic curricula of the project partners can be summarised in six key areas:

- medical knowledge - basic medical knowledge in anatomy, physiology, clinical disciplines in the fields of occupational therapeutic practice,
- social sciences – basic knowledge in the fields of science of education, psychology and social sciences,
- general disciplines taught - physical education, foreign language, information technology and communication technology etc.,
- occupational therapeutic means / media-artisanry, games, auxiliaries, project work
- occupational therapeutic processes - basic disciplines and techniques and occupational therapy in various fields of practice,
- clinical practice / practical work - during the term, in the summer or in practical work.

The following table shows the different special fields in which university students or school students from the participating countries to their practical work within the occupational therapeutic training.

The columns marked in blue show those special fields which overlap in all the four countries. Thus, it becomes evident that the mutual fields of practice of occupational therapy in the participating countries are in the following areas:

- neurology,
- orthopaedics,
- paediatrics,
- geriatrics,
- psychiatry.

*Table 5 - fields of practice in the inter-country comparison*

Fields / special fields	Germany	Bulgaria	Poland	Austria
Health promotion and prevention				<b>X</b> (two weeks)
Paediatrics	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Psychiatry	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Geriatrics	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Neuropsychology	<b>X</b>			
Occupational rehabilitation (all fields)	<b>X</b>			
Neurology	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Learning disability	<b>X</b>	<b>X</b>	<b>X</b>	
Orthopaedics	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Social integration	<b>X</b>	<b>X</b>	<b>X</b>	
Physical dysfunctions (rheumatology, traumatology et cetera.)	<b>X</b>	<b>X</b>	<b>X</b>	
Related to the community			<b>X</b>	

2.3.2.1.2 Plans for the distribution of subject matters regarding the occupational practical training of occupational therapists

2.3.2.1.2.1 Overview of the total amount of hours of the theoretical and the practical training

The curricula of occupational therapy contain theoretical tuition, tuition focused on the practical occupational therapy as well as practical learning in the practical work. These contents differs in the theoretical basics (theoretical tuition such as medical knowledge and social science), the activities specific to occupational therapy (practical occupational therapeutic tuition) and the learning experience in the frame of

occupational therapeutic work practices with clients (practice deployment / practical work).

*Table 6 - course volume after training / the course of studies in in the inter-country comparison*

Germany	Bulgaria	Poland	Austria
Theoretical tuition			
1910 h	915 h	880 h	2175 h
Practical occupational therapeutic tuition / practical training			
870 h	855 h	1295 h	1175 h
Practice deployment / practical work			
1720 h	1020 h 64 ECTS credits	1050 h 42 ECTS credits	1150 h ECTS credits
Total hours and ECTS			
4440 h	2790 h 240 ECTS	3225 h 180 ECTS	4500 h 180 ECTS

In order to achieve the occupational related practical capabilities skills and knowledge for working with clients, the students of occupational therapy have to successfully complete a high share of practical hours. In all four countries (Germany, Austria, Poland and Bulgaria), the practical work is mainly taken care of by a male or female person in charge of the institution of practical work; in addition to that, it is also possible that the students work under their own steam. All the four countries pursue different strategies in which way the students have to pass through the practical work and how their practical work is assessed.

In the three participating countries (Austria, Germany, and Poland), the practical work is performed in block sessions on the trot lasting four weeks. In Germany, the students successfully complete four sessions of practical work of 12 weeks each. In Poland, nine practical sessions of two to three weeks take place in the framework of the occupational therapeutic course of studies. In Austria, a short session of practical work (1 to 2 weeks) in the field of health promotion is performed as an introduction into practical work in the second term of studies. In the following terms of studies, the students successfully complete five further sessions of practical work of a total of 28 weeks in different fields. In Bulgaria, the practical work is also performed in block sessions, but here it is provided in the framework of the occupational therapeutic course of studies that the students are also active in practical work for individual hours (2 per week).

### 2.3.2.1.2.2 Overview of practiceoriented tuition – objectives, contents, competences

In addition to the different amounts of weeks of practical work, also the practical work is different in the structure of practice work from country to country (Austria, Bulgaria, Germany, and Poland).



In all the four countries university students and school students have a certain period of time at the beginning of practical work in which the observation / work shadowing of the occupational therapeutic treatment units takes place.

This time span it is precisely defined in the countries of Germany (two weeks), Bulgaria (one day) and Poland (two weeks). In Austria, there is no precise amount of days or weeks during which the students may perform only observations / work shadowing. The timespan varies depending on the previous knowledge of the students and the attendance of work practice.

In all the four project countries, the observation period is followed by occupational therapeutic treatment units which is performed by the students together with the work practice attendants and under their observation and feedback, respectively.

*Table 7 - practical training in occupational therapy in comparison of the countries*

Summarising comparison of the practical training in occupational therapy	
Germany	
<p>It is the objective of the practical work phase to deploy the knowledge and the capabilities achieved by theoretical and practical tuition targeted and patient-related and to offer the students the possibility to develop their own identity and competence.</p> <p>The students shall be enabled to flexibly react to treatment situations, constructively handle criticism and to commit themselves in an interdisciplinary team.</p> <p>The focus is on the step-by-step learning of responsible therapeutic acting, independently creating a treatment plan in view of assessment, performance of treatments, reflexion, evaluation and documentation of patient-related data, organisation and administrative tasks.</p> <p>(Thüringer Lehrplan für die berufsbildende Schule. Höhere Berufsfachschule - dreijähriger Bildungsgang Ergotherapie [Thuringian curriculum for the school providing vocational education. Secondary school providing vocational education – three-year course of education in occupational therapy] 2015)</p>	<p>Every practical work phase has three sub-phases:</p> <ol style="list-style-type: none"> <li>1. observation (two weeks),</li> <li>2. supervised treatment (two weeks),</li> <li>3. independently working and reflecting together with the practice instructor (eight weeks).</li> </ol>



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<b>Bulgaria</b>		
<p>The focus of practical work is on the implementation of the academically acquired knowledge and the development of a reflecting attitudes towards practical work. It is the objective to convey to the students a deeper, supervised experience in which the knowledge and the abilities are consolidated, whereas they have the possibility at the same time to increasingly take over responsibility for rendering occupational therapeutic services for clients.</p> <p>The practical experience provides the possibility to perform the transition of the activities of the student to occupational activities. Apart from the emphasis of the achievement of specific in the context of patient intervention, the practical experience provides the students with the possibility to integrate professional conduct.</p>		<p>There are two kinds of practical work:</p> <ol style="list-style-type: none"> <li>1. Semi-annual, under the supervision of a university instructor</li> <li>2. Independent practical work (during the summer and before the final degree), supervised by an instructor of the respective institute</li> </ol>
<b>Poland</b>		
<p>It is the objective of the practical education to prepare the students for working with clients with different impairments; they learn to understand the different roles of occupational therapists, the way different institutions work, the institutions for clients and the community.</p> <p>The focus is on the practical preparation of the students for independent occupational activities in the field of organisation, planning, performance, monitoring, adaptation and verification of the process of occupational therapy for people with impairments.</p> <p>Furthermore it is about the achievement of cooperative abilities with in a multi-professional team in order to comprehensively define the occupational needs of the clients and to warrant a high quality of the services rendered.</p> <p>After two weeks of work shadowing, the students test the knowledge and the abilities previously acquired on their own and under the supervision of a therapeutic team.</p> <p>The institutions place a tutor at the side of the students.</p>		
<b>Austria</b>		
<p>It is the main objective of the IMC to enable the students in compliance with the legal stipulations to consolidate theory and practice in acknowledged institutions (national and international) (IMC FH Krems, 2019f p.2).</p> <p>It is the main tasks of the students:</p> <ul style="list-style-type: none"> <li>• to get integrated into the organisation of the chosen institution and to follow their guidelines,</li> </ul>		<p>The assessment of the acquired competences is the responsibility of the respective supervisor of the practical phase.</p>

<ul style="list-style-type: none"> <li>to implement the theoretical knowledge acquired at the IMC Fachhochschule [university of applied science] into practice in the best possible way,</li> <li>to follow the instructions of the respective attendant in the practical institution,</li> <li>to prepare the required reports and documentations in line with the times given.</li> </ul>	The assessment of the documentation of the entire practical work phase is evaluated by university teachers of des IMC from the field of occupational therapy.
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The practical work phase has to be evaluated at the end. The following table shows which competences are evaluated and how the evaluation of the acquired competences is performed in Germany, Bulgaria, Poland and Austria.

*Table 8 - focuses and criteria of the evaluation for the practical education in the comparison of the countries*

Competences	
Germany	<ul style="list-style-type: none"> <li>professional competence (planning, implementing, analysing, reflecting)</li> <li>methodical competence (acquiring and implementing professional knowledge, indication related diagnosis, planning treatments, presentation of diagnostic results)</li> <li>personal competence (sense of the own therapeutic behaviour, level of resilience in stressful situations, organisation of the own work, implementation of social values)</li> <li>social competence (communication with patients, therapeutic instruction of patients, cooperation within the team and interdisciplinary cooperation)</li> </ul>
Bulgaria	<ul style="list-style-type: none"> <li>knowledge as regards occupational therapy</li> <li>occupational therapeutic process and professional rationale</li> <li>professional relations and partnerships</li> <li>professional autonomy and responsibility</li> <li>research and development in occupational therapy</li> <li>management and facilitation of occupational therapy</li> </ul>
Poland	<ul style="list-style-type: none"> <li>knowledge as regards occupational therapy</li> <li>occupational therapeutic process and professional rationale</li> <li>professional relations and partnerships</li> <li>professional autonomy and responsibility</li> <li>research and development in occupational therapy</li> <li>management and facilitation of occupational therapy</li> </ul>

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Austria	<ul style="list-style-type: none"><li>• professional and methodical: recognising problems, formulating objectives, and planning a therapy, performing, documenting and evaluating a therapy and assure its quality</li><li>• social and personal: adequately handling of work, adequate interaction with occupational therapy hers / clients in a professional context, personal competence</li></ul>	
Assessment criteria		
Germany	<p>Assessment criteria (oral assessments conform to marks):</p> <ul style="list-style-type: none"><li>• comply with the requirements to a notable extent (Mark 1 (or A, respectively))</li><li>• fully comply with the requirements (Mark 2 (or B, respectively))</li><li>• comply with the requirements in most cases, with some (Mark 3 (or C, respectively))</li><li>• comply with the requirements partly / with limitations (Mark 4 (or D, respectively))</li><li>• comply with the requirements to a small extent or not at all, respectively (Mark 5 (or E, respectively))</li><li>• cannot be assessed (Mark 6 (or F, respectively)):</li></ul> <p>there are assessments for:</p> <ul style="list-style-type: none"><li>• partial performances,</li><li>• performances in the practical work phase,</li><li>• documentations, reports.</li></ul> <p>Assessed by:</p> <ul style="list-style-type: none"><li>• the supervisor of the practical work institution (25% of the cumulative grade)</li><li>• the supervisor of the school providing vocational education (inspection – 35% of the cumulative grade, practical work report of the student – 40% of the cumulative grade).</li></ul> <p>The practical work phase has been completed successfully:</p> <ul style="list-style-type: none"><li>• if the student shows at least 60% of the possible achievement.</li></ul> <p>Documentations influencing the assessment:</p> <ul style="list-style-type: none"><li>• documentation of the independently performed occupational therapeutic treatments,</li><li>• detailed patient report.</li></ul>	
Bulgaria	<p>points-based system for competences:</p> <p>0 – 100 points</p> <p>level of competences achieved:</p> <ul style="list-style-type: none"><li>• competent</li><li>• sufficient</li><li>• insufficient</li><li>• incompetent.</li></ul>	



	<p>Forming the final score:</p> <ul style="list-style-type: none"> <li>• less than 50 points: poor 2</li> <li>• 50-59 points: mediocre 3</li> <li>• 60-69 points: good 4</li> <li>• 70-79 points: excellent 5</li> <li>• exceeding 80 points: with distinction 6.</li> </ul> <p>Assessed by:</p> <ul style="list-style-type: none"> <li>• the university's supervisor</li> </ul> <p>The practical work phase has been completed successfully:</p> <ul style="list-style-type: none"> <li>• if the student scores more than 50 points.</li> </ul> <p>The requirements to the practical work phase and the list of competences for the different forms and levels are contained in the portfolio.</p>
Poland	<p>The assessment of the practical work phase consists of sub-ratings:</p> <ul style="list-style-type: none"> <li>• the assessment of the student by the supervisor of the practical work phase in a ratio of 25% to the cumulative grade,</li> <li>• the self-assessment of the student in a ratio of 25% to the cumulative grade,</li> <li>• the assessment of the student by an academic tutor at the University in a ratio of 50% to the cumulative grade.</li> </ul> <p>Assessed by:</p> <ul style="list-style-type: none"> <li>• the supervisor of the practical work institution,</li> <li>• the university's supervisor</li> </ul>
Austria	<p>Point scale for the assessment criteria:</p> <ul style="list-style-type: none"> <li>• 9 points- very well developed competence</li> <li>• 8 points- well developed competence</li> <li>• 7 points- satisfactorily developed competence</li> <li>• 6 points- sufficiently developed competence</li> <li>• 5 points- hardly developed competence</li> <li>• 0 points- competence cannot be assessed</li> </ul> <p>Assessed parts:</p> <ul style="list-style-type: none"> <li>• partial performances,</li> <li>• performance in the practical work phase,</li> <li>• documentations.</li> </ul> <p>The practical work phase has been completed successfully:</p> <ul style="list-style-type: none"> <li>• if the student shows at least 60% of the possible achievement.</li> </ul> <p>Assessed by:</p> <ul style="list-style-type: none"> <li>• the university's supervisor</li> </ul> <p>Documentations influencing the assessment:</p> <ul style="list-style-type: none"> <li>• detailed reflexion and documentation of an occupational therapeutic process per practical work phase (at least 20 reports).</li> </ul>



### 2.3.2.1.2.3 Overview of the specialised practical tuition in the respective institutions (university, university of applied science, upper vocational school) – objectives, contents, competences

In all the institutions involved (university, university of applied science, upper vocational school), the specialised practical tuition has the objective to supplement theoretical knowledge by practical abilities so that the school students as well as the university students are prepared for the practical work phase. The curricula of the involved project partners for the specialised practical tuition are differently designed.

In the German curriculum, the specialised practical tuition concentrates on the focuses: manual and designing techniques; games, auxiliaries, and technical media; treatment processes in the occupational therapy.



In the Austrian curriculum, the specialised practical tuition concentrates on two main directions: a) professional activities (development of competences) and b) specific subjects (occupational therapeutic processes, health promotion, paediatrics, geriatrics).

The specialised practical tuition in Bulgaria and Poland contains practical exercises concerning almost every theoretical subject (clinical disciplines, general disciplines, basic and specific occupational therapeutic subjects).

The volume of the specialised practical tuition in the countries involved (Bulgaria – 855 h, Germany – 870 h, Austria - 1175 h, Poland - 1295 h) can be compared in general, even if in Austria and Poland some more hours are available.

*Table 9 - overview of the specialised practical tuition in the occupational therapeutic occupation in the comparison of the countries*

<b>Austria</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>	<b>total</b>
core area–professional methodically competences (FMK):				
area of competence – occupational therapeutical acting (ETH)				
the occupational therapeutical processes I, II, III, IV, V	150 h	50 h	100 h	300 h
occupational therapeutical processes – process - related skills I, II	100 h		25 h	125 h
occupational therapeutical processes – motor skills I, II, III	25 h	150 h		175 h
occupational therapeutical processes – social interactive abilities I, II, III	50 h	50 h	25 h	125 h
occupational therapeutical processes – activity I, II, III, IV, V	75 h	50 h	50 h	175 h
occupational therapy in health promotion – exercise	25 h			25 h
occupational therapy in paediatrics – exercise		25 h		25 h
occupational therapy in geriatrics – exercise		25 h		25 h

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core area – social communicative competences and personal competences:  
area of competence – interdisciplinarity and intradisciplinarity in the field of  
occupational therapy (IIE)

occupational development and quality management in occupational therapy			50 h	50 h
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community based rehabilitation			50 h	50 h
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core area – professional practical competences

area of competence – occupational practical phase (BP)



seminar accompanying the practical work phase – health promotion	25 h			25 h
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seminar accompanying the practical work phase II, III, IV		25 h	50 h	75 h
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<b>total</b>	<b>450 h</b>	<b>375 h</b>	<b>350 h</b>	<b>1175 h</b>
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<b>Germany</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>	<b>total</b>
manual and designing techniques	200 h	100 h	100 h	400 h
games, auxiliaries, splints, technical media	40 h	65 h	65 h	170 h
basics of occupational therapy		30 h	30 h	60 h
multifunctional treatment processes	30 h	20 h	10 h	60 h
neurophysiological treatment processes	20 h	20 h	20 h	60 h
neuropsychological treatment processes	20 h	20 h	20 h	60 h
psychosocial treatment processes	30 h	20 h	10 h	60 h
<b>total</b>	<b>340 h</b>	<b>275 h</b>	<b>255 h</b>	<b>870 h</b>

<b>Bulgaria</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>	<b>4<sup>th</sup> year</b>	<b>total</b>
anatomy I, II	60 h				60 h
analytical and therapeutical media in the occupational therapy I, II, III	60 h	30 h			90 h
information technologies in occupational therapy	30 h				30 h
physiology	15 h				15 h
biomechanics, kinesiology and function diagnosis	15 h				15 h
foreign language II including technical terminology	120 h	120 h			240 h
project work in occupational therapy I, II		30 h	30 h		60 h
neurology		15 h			15 h
physical education	60 h	60 h			120 h
occupational therapy in cases of physical functional disorder I		30 h			30 h

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occupational therapy - equipment for adapting the environment for adapting to the ambience I, II		30 h	15 h		45 h
basics of research and medical statistics		15 h			15 h
paediatrics			15 h		15 h
occupational therapy for children			45 h		45 h
orthopedics, orthotics and prosthetics			15 h		15 h
mental health			15 h		15 h
ergonomics and design in practical occupational therapy				15 h	15 h
early intervention in occupational therapy				15 h	15 h
<b>total</b>	<b>360 h</b>	<b>330 h</b>	<b>135 h</b>	<b>30 h</b>	<b>855 h</b>

<b>Poland</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>	<b>total</b>
health system and social welfare system	15 h			15 h
information and communication technology	15 h			15 h
qualified first aid	15 h			15 h
foreign languages	60 h	60 h		120 h
general psychology and developmental psychology	30 h			30 h
general science of education, andragogy, leisure time education	15 h			15 h
sociology	30 h			30 h
introduction into occupational therapy	30 h			30 h
ethics	15 h			15 h
anatomy	60 h			60 h
biomedical basics of human development	15 h			15 h
physical activity	30 h	30 h	30 h	90 h
social psychology and clinical psychology / social education and special needs education	60 h			60 h
psychology	45 h			45 h
portfolio	15 h	10 h	10 h	35 h
basic knowledge of occupational therapy	30 h			30 h
process and models of occupational therapeutical practices	45 h			45 h
basics of music therapy, art therapy, actors' workshop	45 h			45 h
pathology and clinical questions concerning paediatrics		15 h		15 h

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occupational therapy for children		105 h		105 h
occupational therapy for adults with learning disabilities (LD)		30 h		30 h
clinical problems concerning motor functional disorders		15 h		15 h
occupational therapy in Orthopaedics and traumatology, rheumatology		60 h		60 h
kinesiology		30 h		30 h
clinical problems concerning motor functional disorders		15 h		15 h
clinical questions concerning neurology and neurosurgery		15 h		15 h
occupational therapy for people with disabilities due to neurological disorders		30 h		30 h
ergonomics / adaptive activities		60 h		60 h
basics of psychiatry			30 h	30 h
occupational therapy for people with psychosocial disabilities concerning community-based mental health, occupational therapy in clinical psychiatry			60 h	60 h
occupational therapy for senior citizens - individual programs for interventions			30 h	30 h
occupational therapy in provision for the disabled - community-based programs for interventions			30 h	30 h
occupational therapy in the residential environment			30 h	30 h
occupational therapy for people who are threatened by social exclusion or have already been socially excluded			30 h	30 h
<b>total</b>	<b>570 h</b>	<b>475 h</b>	<b>250 h</b>	<b>1295 h</b>

### 2.3.2.2 Legal stipulations for the practical occupational education of occupational therapists in the participating countries

The legal stipulations for the practical occupational education of occupational therapists are rather different in the countries involved. Not all the requirements in the practical work faces in the occupational therapeutic programs are legally regulated, as the following tables show.

### 2.3.2.2.1 *Legal stipulations for the practical occupational education – schools providing vocational education, colleges, universities*

*Table 10 - overview of the legal stipulations of the respective institutions of the participating countries for the practical occupational training*

Germany	Bulgaria
<p>All the requirements to the education are regulated in the “Ausbildungs- und Prüfungsverordnung für Therapeuten und Therapeutinnen“ [education and extermination regulation for occupational therapists] – ErgThAprV, here in particular under:</p> <p>(1) Education</p> <p>(2) The schools are obliged to secure the practical education within an agreement with hospitals and occupational therapy her suitable institutions. The field of practical education described in appendix 1 B no. 3 shall be performed supervised by occupational therapists; in the occupational therapy her fields described in appendix 1 B the practical education has to take place under the supervision of occupational therapists.</p> <p>(3) The regular and successful participation in the educational events according to paragraph 1 has to be verified by a certificate according to the sample in appendix 2.</p> <p>Additional requirements shall be formulated by the schools providing vocational education:</p> <ul style="list-style-type: none"> <li>• support by teaching staff</li> <li>• inspection assessed by teaching staff</li> </ul> <p>The schools provide so-called “Praxisanleitertreffen“ [meeting of instructors during the practical education] to clarify structural and organisational tasks.</p>	<p>In Bulgaria occupational therapy is not a regulated vocation and, still, no specific national standards have been developed yet.</p> <p>As far as the practical education of bachelor students and master students is concerned, internal regulations for the development of a curriculum for the professional discipline are being followed.</p> <p>In order to comply with the standards defined by the WFTO for occupational therapy, another two work training phases in the summer and an extended work training phase of the duration of 11 weeks before the intermediate examination for the diploma have been developed in addition to the practical education in occupational therapy per semester.</p> <p>The general guidelines and stipulations for the practical education, practical work phases and semesters of practical work for the students of occupational therapy are contained in the portfolio of practical work.</p> <p>The university provide support, contact hours and cooperation with tutors from the institutions.</p>

Poland	Austria
<p>In Poland, the occupation of an occupational therapist is not regulated. There are no specific legal stipulations to be fulfilled by an institution providing practical work experience.</p> <p>The Polish laws and regulations do not contain any requirements to the field of occupational therapy.</p> <p>It is for the University to decide how to organise the education.</p> <p>Tasks of the university:</p> <ul style="list-style-type: none"> <li>the university is obliged to provide the students with places for their education complying with their programme contents;</li> <li>the university is obliged to thoroughly monitor and supervise the practical work of their students;</li> <li>the university bears the costs for the organisation of practical work phases.</li> </ul> <p>The university is obliged to take out a third party liability insurance for students for the duration of their education.</p>	<p>For all the vocations in the medical-technical services in Austria, the FH-MTD Ausbildungsverordnung [regulation concerning the education of vocations in the medical-technical services at a university for applied science] is legally binding. In section 5, this also regulates the requirements to the teaching staff of a minimum of:</p> <ul style="list-style-type: none"> <li>the contents specific to the subject: a successfully completed education in the higher medical-technical services</li> <li>the medical contents: successfully completed medical education as a physician</li> <li>in exceptional cases: persons with qualifications relevant to the subject and occupational experience with a special suitability for conveying specific contents.</li> </ul> <p>In addition to that, there are regulations issued by the University of Applied Science:</p> <ul style="list-style-type: none"> <li>compulsorily providing accompanying seminars in occupational work experience in occupational therapy for the students,</li> <li>performance of conferences for the instructors of practical work to clarify structural and organisational.</li> </ul> <p>(IMC FH [Intermediate Care University of Applied Science] Krems, 2019)</p>

#### 2.3.2.2.2 Legal requirements to the occupational practical education – placements for the practical work education

Germany	Bulgaria
<p>Institutions for the completion of practical work phases may be: clinics, rehab institutions, day-care centers and meeting places, day clinics, sheltered workshops, old peoples' homes / residential care homes for the elderly, institutions for the addicted, private</p>	<p>Practical work phases are performed in a multitude of institutions and offer the students the possibility to gather experience in the full range of occupational therapy.</p> <p>The University of Ruse has concluded</p>





practices for occupational therapy.

For the performance of the practical work phases only institutions are approved, which can provide an assessment of suitability for the practical education in the field of occupational therapy by the competent authority.

Requirement regarding the practical instruction:

- successfully completed education as an occupational therapist
- working hours of at least 30 hours per week
- professional experience of at least two years
- 1 therapist = 1 trainee.

Specifications regarding the frame conditions in the institutions providing practical workplaces:

- clinic, rehab institutions:
  - at least 20 beds in the respective faculty (psychiatry, neurology, orthopaedics traumatology, surgery, paediatrics, geriatrics, occupational therapy)
- practices for occupational therapy:
  - floor space of at least 40 square metres, space for therapy 30 square metres (four proprietors)
  - for each additional skilled employee a therapy room of at least 12 square metre
  - at least 200 treatment units per month (of these at least 100 treatments with children - educational licence paediatrics)
  - contracts with health insurances.

(Thüringer Landesverwaltungsamt – Feststellung der Geeignetheit

[Thuringian state administration office - assessment of suitability, 2014)

cooperation contracts with various institutions for the completion of practical work phases.

Institutions of public healthcare:

- hospitals - faculties of neurology, physical rehab and orthopaedics;
- centre for mental health

Social services:

- communal social services - residential accommodations for adults or senior citizens with physical impairments, mental problems, dementia or learning deficiencies.
- Social services, operated by NGOs - centres for early intervention, family-like homes, daycare centres, sheltered homes for juveniles with learning deficiencies, homes.

Inclusive educational institutions:

- kindergartens,
- primary and secondary schools, special schools.

The university provides the securing of the suitability of the respective institution and the staff responsible for the implementation of the practical work phases.





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Poland	Austria
<p>Requirements regarding the institutions and persons responsible for the supervision of the occupational practical work phases:</p> <ul style="list-style-type: none"> <li>• the institution is obliged to create conditions compatible with the program settings of the practical work phase;</li> <li>• the institution is obliged to designate a tutor for the practical work phase;</li> <li>• the tutor for the practical work phase is obliged to familiarise the students with the regulations and work conditions, the health and safety provisions as well as the protection of professional confidentiality and the data of the customers / patients;</li> <li>• the institutions are obliged to enable the students to do the practical work phase later in case of absence;</li> <li>• the tutor of the practical work phase or another person responsible for the supervision of the practical work phase is obliged to inform the university in case the student grossly neglects work discipline;</li> <li>• the time of a practical lesson is 45 minutes.</li> </ul> <p>The requirements described are phrased by the university.</p>	<p>Regulations regarding the legal requirements for occupational practical education institutions by the FH-MTD [University of applied science – medical-technical services] educational regulation and the educational regulation, section 12, for the medical-technical services.</p> <p>Institutions for the completion of the occupational practical work phases may be: hospitals (prevailing part), health institutions (under the supervision of a physician), institutions of the social welfare (prerequisite – necessary abilities must be conveyed).</p> <p>The students also have to complete practical work phases in acute medicine, long-term medicine and rehabilitation as well as in health promotion and prevention.</p> <p>Requirements to the institutions</p> <ul style="list-style-type: none"> <li>• sufficient material, personnel, and spatial outfit for the intended therapeutical and diagnostic measures and procedures of the respective areas,</li> <li>• students may only be deployed for activities which are in direct context with the occupational therapy or therapeutic work and which are necessary to achieve the educational objective of the occupational therapy.</li> <li>• Criteria for the practical instruction:             <ul style="list-style-type: none"> <li>– at least one year of specific occupational experience in one of the fields relevant for the respective practical work phase,</li> <li>– pedagogical suitability,</li> <li>– instruction is an agreement and under continuous feedback with the tutors of the university of applied science,</li> </ul> </li> </ul>

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	– instruction of a maximum of two students at the same time. (Bundesministerium für Gesundheit und Frauen [Federal Ministry for Health and Females], 2006 §3) (Bundesministerium für Gesundheit und Frauen [Federal Ministry for Health and Females], 2006 §6)	



### 2.3.2.3 Conclusion

It is the objective of the practical education in all countries to deploy the achieved knowledge and skills in theoretical and practical tuition in a targeted and patient-related way and to enable the students to develop their own identity and competence. The students shall be enabled to flexibly react to treatment situations and to handle criticism constructively as well as to cooperate in an interdisciplinary team. In the focus there is the stepwise learning of reliable therapeutic acting, the independent creation of a treatment plan in view of the assessment, the performance of treatments, the reflection, evaluation and documentation of patient-related data as well as organisational and administrative tasks.

The comparative consideration of all the country specific data shows that there is a complete concordance between objective, contents and results of competences to be expected, which are achieved in the field of occupational therapeutic practical work phases in Poland, Bulgaria, Germany and Austria. As the main objectives and competences gained, the following items outstanding:

- objectives: practical preparation of the students for the independent occupational activities in the field of organisation, planning, performance, monitoring, control, modification and verification of the occupational therapeutic process in view of interviewing, assessment, objective, treating persons with different kinds of impairments / disadvantages, the development of responsibility, clinical reasoning and ethical opinion as regards occupational therapeutic intervention.
- Competences: practical application of assessment tools as regards the occupational performance and the occupational therapeutical intervention as regards clients with different illnesses, impairments and disadvantages in a realistic context; clinical reasoning and reflective practice; teamwork, capability of appropriate communication including conflict management and the ability to communicate within a multi-professional team.

With a view to the development of a common curriculum for the occupational practical education offering the possibility of an exchange of students between the countries involved, the country specific legal stipulations described above, however, have to be considered. Considerable differences become obvious here. Thus, a common basis should be developed which, above all, secures the acknowledgement of the practical work phases completed abroad in the respective country of origin.

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### 2.3.3 Presentation concerning the database „**Theoretische Ausbildung von Ergotherapeut/innen [theoretical education of occupational therapists]**“<sup>3</sup>

In order to be able to compare the theoretical education of occupational therapists in Germany, Bulgaria, Poland and Austria, it is necessary to consult the curricula of each partner involved as a basis for the comparison with the curricula of the other partners.

#### 2.3.3.1 Curricula concerning the theoretical education of occupational therapists in the involved countries of Germany, Bulgaria, Poland and Austria



In the following table, at first the framework curriculum is taken as a basis for the comparison of the German project partners (Thüringer Ministerium für Bildung, Jugend und Sport. Thüringer Lehrplan für die berufsbildende Schule. Höhere Berufsfachschule - dreijähriger Bildungsgang Ergotherapie [Thuringian ministry for education, juveniles and physical education. Thuringian curriculum for the school providing vocational education. Secondary school providing vocational education – three-year course of education in occupational therapy] 2015).

*Table 11 - curricula of the theoretical education of occupational therapists in the participating countries (basis for the comparison: curriculum of Germany)*



	Germany	Bulgaria	Poland	Austria
Fields of learning	hours	hours	hours	hours
occupational science jurisprudence and political science	50	285	105	225
special technical terminology, working scientifically, English for specific purposes	100	240	120	675
<b>Medical Basics</b>				
basics of health and hygienics	30	-	-	25
biology, anatomy, physiology	220	210	225	300
general pathology	30	30	-	25
special pathology	280	555	660	225
pharmaceutics	20	-	-	-
basics of occupational medicine	30	-	-	-
first aid	20	15	30	-

<sup>3</sup> the data were compiled by: **Akademia Wychowania Fizycznego we Wrocławiu**



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	Germany	Bulgaria	Poland	Austria
<b>Socio-scientific Basics</b>				
psychology and science of education	210	150	120	125
special needs education	50	60	45	-
sociology of medicine and gerontology	70	105	45	50
<b>Occupational Therapeutical Means</b>				
handicraft and creative techniques	100	-	-	-
games, auxiliaries, splints and technical media	30	-	-	-
<b>Occupational Therapeutical Proceedings</b>				
basics of occupational therapy	100	-	-	-
treatment processes (occupational therapy - functional, neurophysiology, neuropsychological, psycho-social)	320	-	-	-
occupational therapeutic proceedings	100	-	-	-
adaptive processes in occupational therapy	50	150	45	-
prevention and rehabilitation	40	45	45	25
on the allocation to the fields of learning of theoretical and practical tuition	60	-	-	-
total hours	1910	1845	1440	1675
total hours (no concordance with Germany)	0	330	735	500
concordance of theory with Germany in %	100%	84,83%	66,21%	77,01%

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no concordance of theory with Germany in %	0%	15,17%	33,79%	22,99%
total hours of theoretical education in the curriculum	1910	2175	2175	2175
ECTS total	180 (for bachelor's degree)	240	180	180
if 1 ECTS = 25 h	-	6000	4500	4500
% of the theoretical education	-	36,25%	48,33%	48,33%

### Practical Tuition as a Part of the Theoretical Education

occupational therapeutical means				
handicraft and creative techniques	400	60	45	-
games, auxiliaries, splints and technical media	170	-	-	-
occupational therapeutical proceedings		-	-	-
basics of occupational therapy	60	-	-	-
treatment processes (occupational therapy - functional, neurophysiology, neuropsychological, psycho-social)	240	-	-	-
total hours	870	60	45	-

\* note:

In Germany, the hours and contents listed here are part of the curriculum for the theoretical education and are there declared as “practical tuition”. Detailed information concerning contents and extents of the “practical tuition” are thus provided in the work package 2 “occupational practical education”. Within the frame of the study, also the Austrian project partners have decided to allocate the specific practical tuition of occupational therapy to the work package 2 “occupational practical education” as regards the amount of theoretical tuition contents. The listing of the contents concerned can also be found in this section.

The following table shows the curriculum of the Bulgarian project partner as a comparative basis (curriculum occupational therapy, University of Ruse).

Table 12 - curricula regarding the theoretical education of occupational therapists in the countries involved (basis of comparison: curriculum Bulgaria)

Bulgaria		Germany	Poland	Austria
subject	hours	hours	hours	hours
<b>specific theoretical subjects of occupationaltherapy herapie</b>				
analytical and therapeutic media in occupational therapy I	60	50	30	150
analytical and therapeutic media in occupational therapy II	45	-	75	180
analytical and therapeutic media in occupational therapy III	60	-	75	270
occupational therapy for physical functional disorders I	60	280	45	180
occupational therapy for physical functional disorders II	45	-	-	120
orthopaedics, orthotics and occupational therapy	30	-	-	45
occupational therapy in paediatrics	75	-	90	75
occupational therapeutical devices for adaptation to the environment I	45	50	45	-
occupational therapeutical devices for adaptation to the environment II	45	-	-	-
occupational therapy in mental health	60	-	90	30
occupational therapy in case of learning disabilities	45	50	90	-
occupational therapy in geriatrics	45	70	45	75
introduction into occupational therapy	45	-	60	15
theoretical basics of occupational therapy	45	-	75	45
occupational therapy for social inclusion	45	-	45	30



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Bulgaria		Germany	Poland	Austria
subject	hours	hours	hours	hours
<b>non-specific (general) subjects</b>				
anatomy I	60	200	45	15
medical psychology	30	210	-	15
sociology	30	-	45	15
information technologies in occupational therapy	45	-	15	-
foreign language with special terminology I (English, French, German or Russian)	60	100	60	30
anatomy II	60	-	45	30
physiology	45	-	60	45
biomechanics, kinesiology and functional diagnostics	45	-	45	45
special psychology and special needs education	30	-	90	-
foreign language with special terminology II (English, French, German or Russian)	60	-	60	30
pathology	30	30	-	15
project development and management in occupational therapy	30	-	-	30
project work in occupational therapy I	30	-	-	15
neurology	45	-	-	15
neuropsychology	30	-	-	15
basics of research with medical statistics	30	-	-	255
paediatrics	45	-	-	30





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	Bulgaria	Germany	Poland	Austria
subject	hours	hours	hours	hours
social medicine, social rehabilitation and health promotion	30	40	-	60
mental health	30	-	45	15
disaster control	30	-	-	-
project work in occupational therapy II	30	-	-	-
ergonomics and design in occupational therapy	30	-	45	-
management of the occupational therapeutic practice	30	-	-	15
<b>elective compulsory courses</b>				
elective course in the third semester (students select a subject out of this group)	30	60	90	-
optional courses in the fifth semester (students select a subject out of this group)	30	-	90	-
optional courses in the sixth semester (students select a subject out of this group)	15	-	90	-
elective course in the seventh semester (students select a subject out of this group)	2*30=60	-	90	-
total hours in all the theoretical subjects mentioned above	1770	1140	1680	1905
total hours (no concordance with Bulgaria)	0	770	495	270
total hours of theoretical education in the curriculum	2175	1910	2175	2175

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concordance of theoretical education with Bulgaria in %	100%	59,69%	77,24%	87,59%
no concordance of theoretical education with Bulgaria in %	0%	40,31%	22,76%	12,41%
ECTS total	240	-	180	180
if 1 ECTS = 25 h	6000	-	4500	4500
% of the theoretical education	36,25%	-	48,33%	48,33%

In the following table, the curriculum of the Polish project partner has been taken as a basis for the comparison (Plan of 1<sup>st</sup> degree (bachelor) Stationary studies; Occupational Therapy; AWF in Wroclaw).

*Table 13 - curricula regarding the theoretical training of occupational therapists in the participating countries (basis of comparison: curriculum Poland)*

		Poland	Bulgaria	Germany	Austria
subject		hours	hours	hours	hours
<b>I</b>	<b>general subjects</b>				
1	health services and social welfare system is the	45	-	50	30
2	information technologies and communication technologies	15	45	-	-
3	qualified first aid	30	15	20	75
4	foreign language	120	120	100	60
<b>A</b>	<b>authorship modules of the university within the general subjects</b>				
1	general and developmental psychology / general psychology	45	-	210	15
2	general science of education, andragogy, leisure time education, psycho- pedagogy	30	-	-	-



		Poland	Bulgaria	Germany	Austria
subject		hours	hours	hours	hours
3	sociology / cultural sociology	45	30	70	15
4	introduction to the occupational therapy I / propaedeutics of the occupational therapy I	30	45	-	-
5	ethics / social ethics	30	-	-	15
6	introduction to the occupational therapy II / propaedeutics of the occupational therapy II	30	-	-	-
7	social psychology and clinical psychology / social psychology	45	60	-	30
8	social education and special needs education / therapeutic education	45	30	-	-
<b>II</b>	<b>basic subjects</b>				
1	anatomy	90	120	220	45
2	physiology	60	45	-	45
3	kinesiology	45	45	-	45
4	biomedical basics of human development	30	-	-	-
<b>III</b>	<b>special subjects</b>				
1	portfolio	60	-	-	-
2	basics of art therapy	15	-	-	-

		Poland	Bulgaria	Germany	Austria
subject		hours	hours	hours	hours
3	occupational therapy - basic knowledge	45	-	-	540
4	process and models of occupational therapeutic practice	75	45	-	45
5	basics of music therapy	15	-	-	-
6	basics of theatre therapy and choreo-ccupational therapy	15	-	-	-
7	pathology and clinical problems in paediatrics	30	45	280	15
8	occupational therapy for children, neurological and biomechanical disorders	60	75	-	75
9	occupational therapy for children, educational issues and subject related competences at school	45	-	-	-
10	occupational therapy for children and juveniles with learning impairments	45	-	-	-
11	occupational therapy for adults with learning impairments	45	45	-	-
12	clinical problems with occupational therapy - occupational therapy for motor-functional disorders	45	-	-	45
13	occupational therapy in orthopaedics and traumatology	45	60	-	60
14	clinical problems in neurology and neurosurgery	30	-	-	30





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		Poland	Bulgaria	Germany	Austria
subject		hours	hours	hours	hours
15	occupational therapy for people with impairments due to neurological disorders	45	-	-	30
16	occupational therapy in rheumatology	45	45	-	-
17	ergonomics in life environments and work environments	45	45	50	-
18	ergonomics and adaptation - adaptive activities	45	-	40	-
19	basics of psychiatry	45	30	-	15
20	occupational therapy of people with psychosocial impairments in the community based mental health care	45	30	-	30
21	occupational therapy in clinical psychiatry	45	-	-	30
22	occupational therapy for the elderly - individual intervention programs	45	45	-	60
23	occupational therapy in community-based intervention programs for the prevention of impairments	45	-	-	-
24	occupational therapy in the living environment	45	-	-	-
25	occupational therapy of people who are threatened by exclusion or who are socially excluded	45	60	-	-

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		Poland	Bulgaria	Germany	Austria
subject		hours	hours	hours	hours
<b>IV</b>	<b>elective moduls/courses</b>				
1	physical education	90	120	-	-
2	optional subjects	270	135	-	-
<b>V</b>	<b>module for the final year project</b>				
1	methodical's of the final year project	15	30	0	255
total hours of all the theoretical subjects mentioned above		2175	1365	1040	1605
total hours (no concordance with Poland)		0	810	870	570
total hours of theoretical education in the curriculum		2175	2175	1910	2175
concordance of the theory with Poland in %		100%	62,76%	54,45%	73,79%
n with o concordance of the theory Poland in %		0%	37,24%	45,55%	26,21%

In the following table the curriculum of the occupational therapeutic education Austria has been taken as a basis for the comparison. The legal foundations for the curriculum in the respective valid version comprise the MTD act Bundesministerium für Digitalisierung und Wirtschaftsstandort [Federal Ministry Republic of Austria Digital and Economic Affairs] (2019a), the MTD educational regulation (Bundesministerium für Digitalisierung und Wirtschaftsstandort [Federal Ministry Republic of Austria Digital and Economic Affairs] 2019d) and the university for applied sciences studies act (FHStG).

*Table 14 - curricula regarding the theoretical education of occupational therapists in the participating countries (basis comparison: curriculum Austria)*

		Austria	Germany	Bulgaria	Poland
identification of the fields		hours	hours	hours	hours
<b>I</b>	<b>sphere of competence intradisciplinarity and interdisciplinarity in the field of occupational therapy</b>				
1	occupational therapy in public health care	25	50 (PLPS)	45	45

		Austria	Germany	Bulgaria	Poland
identification of the fields		hours	hours	hours	hours
2	jurisprudence in public health care	25	0 (PLPS)	-	-
<b>II</b>	<b>sphere of competence biomedical basics</b>				
3	hygiene	25	30 (FHEH)	-	-
4	anatomy and physiology I	50	220 (BAP)	60	90
5	pathology	25	30 (GD)	30	
6	anatomy and physiology II	150	0 (BAP)	45	60
7	anatomy – subject related exercises	50	0 (BAP)	60	-
8	kinematics	25	0 (BAP)	45	45
9	kinematics – subject related exercises	30	0 (BAP)	-	-
<b>III</b>	<b>sphere of competence functional disorders of the human body</b>				
10	clinical geriatrics	25	280 (SDT)	-	-
11	clinical internal medicine	25	0 (SDT)	-	-
<b>IV</b>	<b>sphere of competence occupational therapeutical acting</b>				
12	the occupational therapeutical process I (part of the occupational related education: 75)	-	-	60	45
13	basic models in occupational therapy	100	-	45	75
14	occupational therapeutical processes– activity I (part of the occupational related education 50)	-	-	45	-

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		Austria	Germany	Bulgaria	Poland
identification of the fields		hours	hours	hours	hours
<b>V</b>	<b>sphere of competence applied human sciences and social sciences</b>				
15	psychosocial aspects in occupational therapy I	25	210 (PE)	45	45
16	communication and interaction	25	-	-	-
<b>VI</b>	<b>sphere of competence English</b>				
17	medical English I	25	100 (TLSW)	60	60
<b>VII</b>	<b>sphere of competence functional disorders of the human body</b>				
1	clinical orthopaedics	25	0 (SDT)	30	45
2	clinical neurology	25	0 (SDT)	45	-
3	clinical neuropsychology	25	0 (SDT)	30	-
4	clinical psychiatry	25	0 (SDT)	30	45
5	psychosomatic medicine	25	-	30	45
<b>VIII</b>	<b>sphere of competence occupational therapeutical acting</b>				
6	occupational therapeutical processes – process related skills I (part of the professional occupational education: 75)	-	-	60	-
7	occupational therapeutical processes – social abilities to interact I (part of the professional occupational education: 50)	-	-	-	-
8	occupational therapeutical processes – occupational therapeutic skills I (part of the professional occupational education: 25)	-	-	60	-







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		Austria	Germany	Bulgaria	Poland
identification of the fields		hours	hours	hours	hours
9	occupational therapy in neurology	50	0 (SDT)	45	30
10	occupational therapy in orthopaedics	50	0 (SDT)	-	45
11	occupational therapeutical processes – activity II (part of the professional occupational education: 25)	-	-	-	-
12	the occupational therapeutical process II (part of the professional occupational education: 75)	-	-	-	-
13	occupational therapy in health promotion	50	-	30	-
14	occupational therapy in health promotion – exercises (part of the professional occupational education: 25)	-	-	-	-
15	practical work education I - health promotion (part of the occupational practice: 25)	-	-	-	-
16	seminar accompanying the practical work education health promotion (part of the professional occupational education: 25)	-	-	-	-
<b>IX</b>	<b>sphere of competence working scientifically</b>				
17	introductory seminar for working scientifically	75	0 (TLSW)	30	15
<b>X</b>	<b>sphere of competence applied human sciences and social sciences</b>				
18	bio-psychological aspects in gerontology	25	70 (MSG)	-	-

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		Austria	Germany	Bulgaria	Poland
identification of the fields		hours	hours	hours	hours
<b>XI</b>	<b>sphere of competence functional disorders of the human body</b>				
1	clinical paediatrics	25	0 (SDT)	45	30
2	clinical surgery and traumatology	25	0 (SDT)	-	-
<b>XII</b>	<b>sphere of competence working scientifically</b>				
3	qualitative methods of research	50	0 (TLSW)	-	-
4	quantitative methods of research	75	0 (TLSW)	-	-
<b>XIII</b>	<b>sphere of competence occupational therapeutical acting</b>				
5	occupational therapy in psychiatry	50	0 (SDT)	60	45
6	occupational therapy in clinical surgery, traumatology and internal medicine	50	0 (SDT)	-	-
7	occupational therapeutical processes – occupational therapeutical skills II (part of the professional occupational education: 75)	-	-	-	-
8	occupational therapeutical processes – social abilities to interact II (part of the professional occupational education: 50)	-	-	-	-
9	occupational therapeutical processes – occupational therapeutical skills III (part of the professional occupational education: 75)	-	-	-	-

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		Austria	Germany	Bulgaria	Poland
identification of the fields		hours	hours	hours	hours
10	occupational therapeutical processes – activities III (part of the professional occupational education: 50)	-	-	-	-
11	the occupational therapeutical process II (part of the professional occupational education: 50)	-	-	-	-
12	occupational therapy in paediatrics	75	0 (SDT)	75	60
13	occupational therapy in paediatrics - exercises (part of the professional occupational education: 25)	-	0 (SDT)	-	-
14	occupational therapy in geriatrics	25	0 (SDT)	45	45
15	occupational therapy in geriatrics - exercises (part of the professional occupational education: 25)	-	0 (SDT)	-	-
<b>XIV</b>	<b>sphere of competence applied human sciences and social sciences</b>				
16	bio-psychosocial aspects in paediatrics	25	0 (SDT)	--	-
<b>XV</b>	<b>sphere of competence practical work education</b>				
1	preparation of the practical work education and first aid	45	20 (FA)	-	30
2	practical work education II (part of the practical work education: 700)	-	-	-	-
3	seminar accompanying the practical work education II (part of the professional occupational education: 25)	-	-	-	-

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		Austria	Germany	Bulgaria	Poland
identification of the fields		hours	hours	hours	hours
<b>XVI</b>	<b>sphere of competence intradisciplinarity and interdisciplinarity in the field of occupational therapy</b>				
1	professional ethics	50	0 (PLPS)	-	30
2	development of the professional field and quality management in occupational therapy (part of the professional occupational education: 50)	-	-	30	-
3	case management	25	-	30	-
<b>XVII</b>	<b>sphere of competence applied human sciences and social sciences</b>				
4	supervision	25	-	-	-
5	sociology	25	0 (MSG)	30	45
<b>XVIII</b>	<b>sphere of competence occupational therapeutical acting</b>				
6	occupational therapeutical processes - activities IV (part of the professional occupational education: 25)	-	-	-	-
7	occupational therapeutical processes – social interactive skills III (part of the professional occupational education: 25)	-	-	-	-
8	the occupational therapeutical process IV (part of the professional occupational education: 50)	-	-	-	-
9	occupational therapeutical processes – process related skills II (part of the professional occupational education: 25)	-	-	-	-

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		Austria	Germany	Bulgaria	Poland
identification of the fields		hours	hours	hours	hours
<b>XIX</b>	<b>sphere of competence Englisch</b>				
10	medical English II	25	0 (TLSW)	60	60
<b>XX</b>	<b>sphere of competence working scientifically</b>				
11	research in the occupational theory	75	0 (TLSW)	-	-
12	bachelor's thesis I und bachelor seminar	100	0 (TLSW)	-	-
<b>XXI</b>	<b>sphere of competence practical occupational education</b>				
13	practical occupational education III (part of the professional practice: 225)	-	-	-	-
14	seminar accompanying the practical education - professional practice - III (part of the professional occupational education: 25)	-	-	-	-
<b>XXII</b>	<b>sphere of competence applied human sciences and social sciences</b>				
1	psychosocial aspects in occupational therapy II	25	0 (PE)	-	-
<b>XXIII</b>	<b>sphere of competence intradisciplinarity and interdisciplinarity in the field of occupational therapy</b>				
2	intradisciplinary and interdisciplinarity cooperation	25	40 (PR)	-	-
3	international occupational therapeutical cooperation	50	-	-	-
4	community based rehabilitation (part of the professional occupational education: 50)	-	0 (PR)	-	45

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		Austria	Germany	Bulgaria	Poland
identification of the fields		hours	hours	hours	hours
5	economic basics of the self-employed professionalism	25	-	30	-
<b>XXIV</b>	<b>sphere of competence occupational therapeutical acting</b>				
6	occupational therapeutical processes – activities V (part of the professional occupational education: 25)	-	-	-	-
7	the occupational therapeutical process V (part of the professional occupational education: 50)	-	-	-	-
8	occupational therapy in the long-term care	25	-	-	-
<b>XXV</b>	<b>sphere of competence working scientifically</b>				
9	bachelor's thesis II und bachelor seminar	175	0 (TLSW)	-	-
10	bachelor examination	75	-	-	-
<b>XXVI</b>	<b>sphere of competence professional practical education</b>				
11	professional practical education IV (part of the professional practice 200)	-	-	-	-
12	seminar accompanying the practical education - professional practice IV (part of the professional occupational education: 25)	-	-	-	-
total hours		2175	1070	1335	1110
total hours (no concordance with Austria)		0	840	840	1065
total hours theoretical education in		2175	1910	2175	2175

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the curriculum				
concordance of theory with Austria in %	100%	56,02%	61,38%	51,03%
no concordance of theory with Austria in %	0%	43,98%	38,62%	48,97%
ECTS total	180	-	240	180
if 1 ECTS = 25 h	4500	-	6000	4500
% of the theoretical education	48,33%	-	36,25%	48,33%

legend:

- no concordance
- 1. PLPS= professional, law and political science
- 2. TLSW= technical language, working scientifically
- 3. FHEH = foundations of health education and hygiene
- 4. BAP = biology, anatomy, physiology
- 5. GD = general diseases
- 6. SDT = special disease teaching
- 7. M (no) = pharmaceutics
- 8. FOM (no) = fundamentals of occupational medicine
- 9. FA = first aid
- 10. PE = psychology and education
- 11. SE (no) = special education
- 12. MSG = medical sociology and gerontology
- 13. APOT (no) = adaptive procedures in occupational therapy
- 14. PR = prevention and rehabilitation



### 2.3.3.2 Plan for the distribution of teaching contents for the theoretical education of occupational therapists in the participating countries - fields of learning, contents, volume of hours

The respective valid versions of the plans for the distribution of teaching contents are the fundament for the comparison described below of the respective project partner institutions.

*Table 15 - plans for the distribution of teaching contents of the participating countries*

Germany (hours)	Bulgaria (hours)	Poland (hours)	Austria (hours)
<ul style="list-style-type: none"> <li>- sciences of professions, jurisprudence, and political sciences (50)</li> </ul>	<ul style="list-style-type: none"> <li>- introduction to the occupational therapy (45)</li> <li>- analytical and therapeutical media in the occupational therapy I (60)</li> <li>- theoretical basics the der occupational therapy (45)</li> <li>- analytical and therapeutical media in the occupational therapy II (45)</li> <li>- analytical and therapeutical media in the occupational therapy III (60)</li> <li>- management of the practical occupational therapy (30)</li> </ul>	<ul style="list-style-type: none"> <li>- health systems social welfare systems (45)</li> <li>- introduction to the occupational therapy (60)</li> </ul>	<ul style="list-style-type: none"> <li>- occupational therapy in the healthcare system (25)</li> <li>- jurisprudence in the healthcare system (25)</li> <li>- professional ethics (50)</li> </ul>
50 (I 30; II 20; III 0)	285 (I 195; II 60; III 0; IV 30)	105 (I 105)	100 (I 50; II 0; III 50)

Germany (hours)	Bulgaria (hours)	Poland (hours)	Austria (hours)
<ul style="list-style-type: none"> <li>- technical terminology, working scientifically, related English (100)</li> </ul>	<ul style="list-style-type: none"> <li>- elective subject: foreign language with specialised terminology (60)</li> <li>- elective subjects: foreign language II with specialised terminology (60)</li> <li>- project development and project management in the occupational therapy (30)</li> <li>- project work in occupational therapy I (30)</li> <li>- basics of research methods and medical statistics (30)</li> <li>- project work in the occupational therapy II (30)</li> </ul>	<ul style="list-style-type: none"> <li>- foreign language (120)</li> </ul>	<ul style="list-style-type: none"> <li>- medical English I (25)</li> <li>- introductory seminar for working scientifically (75)</li> <li>- qualitative methods of (50)</li> <li>- quantitative methods of research (75)</li> <li>- medical English II (25)</li> <li>- research in occupational therapy (75)</li> <li>- bachelor's thesis I und bachelor seminar (100)</li> <li>- bachelor's thesis II und bachelor seminar (175)</li> </ul>
100 (I 60; II 20; III 20)	240 (I 120; II 90; III 30; IV 0)	120 (I 60; II 60)	600 (I 100; II 125; III 375)
<ul style="list-style-type: none"> <li>- basics of health education and hygiene</li> </ul>	-	-	<ul style="list-style-type: none"> <li>- hygiene (25)</li> </ul>
30 (I 30; II 0; III 0)	-	-	25 (I 25)

Germany (hours)	Bulgaria (hours)	Poland (hours)	Austria (hours)
- biology and anatomy physiology (220)	- anatomy I (60) - anatomy II (60) - physiology (45) - biomechanics, kinesiology and function in diagnostics (45)	- anatomy (90) - biomedical basics of the human development (30) - physiology (60) - kinesiology (45)	- anatomy and physiology I (50) - anatomy and physiology II (150) - anatomy - exercise (50) - kinematics (25) - kinematics - exercise (25)
220 (I 200; II 0; III 20)	210 (I 210; II 0; III 0; IV 0)	225 (I 180; II 45)	300 (I 300)
- general disease theory (30)	- pathology (30)	-	- pathology (25)
30 (I 30; II 0; III 0)	30 (I 0; II 30; III 0; IV 0)	-	25 (I 25)

Germany (hours)	Bulgaria (hours)	Poland (hours)	Austria (hours)
<ul style="list-style-type: none"> <li>- special study of diseases is (280)</li> </ul>	<ul style="list-style-type: none"> <li>- neurology (45)</li> <li>- occupational therapy in case of bodily dysfunction I (60)</li> <li>- paediatrics (45)</li> <li>- occupational therapy for children (75)</li> <li>- communicative impairments (30)</li> <li>- psychopathology with children and juveniles (30)</li> <li>- orthopaedics, orthotics and prosthetics in occupational therapy (30)</li> <li>- mental health (30)</li> <li>- occupational therapy in case of bodily dysfunction II (45)</li> <li>- occupational therapy in case of mental health (60)</li> <li>- disaster control (30)</li> <li>- occupational therapy for people with learning disabilities (45)</li> <li>- early interventions in occupational therapy (30)</li> </ul>	<ul style="list-style-type: none"> <li>- pathology and clinical problems in paediatrics (30)</li> <li>- occupational therapy for children, neurological and biomechanical dysfunctions (60)</li> <li>- occupational therapy for children, educational problems and professional abilities at school (45)</li> <li>- occupational therapy for children and juveniles with learning disabilities (45)</li> <li>- occupational therapy for adults with learning disabilities (45)</li> <li>- clinical problems of occupational therapy in case of motor dysfunctions (30)</li> <li>- occupational therapy in orthopaedics and traumatology (45)</li> <li>- clinical problems of occupational therapy with motor dysfunctions (15)</li> <li>- clinical problems in neurology and neurosurgery (30)</li> </ul>	<ul style="list-style-type: none"> <li>- clinical geriatrics (25)</li> <li>- clinical internal medicine (25)</li> <li>- clinical orthopaedics (25)</li> <li>- clinical neurology (25)</li> <li>- clinical neuropsychology (25)</li> <li>- clinical psychiatry (25)</li> <li>- occupational therapy in neurology (50)</li> <li>- occupational therapy in orthopaedics 50)</li> <li>- clinical paediatrics (25)</li> <li>- clinical surgery and traumatology (25)</li> <li>- occupational therapy in psychiatry (50)</li> <li>- occupational therapy in surgery, traumatology, and internal medicine (50)</li> <li>- occupational therapy in paediatrics (75)</li> <li>- occupational therapy in geriatrics (25)</li> </ul>



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Germany (hours)	Bulgaria (hours)	Poland (hours)	Austria (hours)
		<ul style="list-style-type: none"> <li>- clinical problems in neurology and neurosurgery (30)</li> <li>- occupational therapy of people with disabilities due to neurological dysfunctions (45)</li> <li>- occupational therapy in rheumatology (45)</li> <li>- basics of psychiatry (45)</li> <li>- occupational therapy of people with psychosocial impairments in the community based mental health service (45)</li> <li>- occupational therapy in clinical psychiatry (45)</li> <li>- occupational therapy for the elderly – individual intervention programs (45)</li> <li>- occupational therapy in community-based intervention programs to prevent disabilities (45)</li> </ul>	<ul style="list-style-type: none"> <li>- occupational therapy in geriatrics - exercises (25)</li> <li>- bio psychosocial aspects (25)</li> </ul>
280 (I 40; II 160; III 80)	555 (I 0; II 105; III 180; IV 270)	660 (I 0; II 435; III 225)	550 (I 250; II 300)

Germany (hours)	Bulgaria (hours)	Poland (hours)	Austria (hours)
- pharmacology (20)	-	-	-
20 (I 20; II 0; III 0)	-	-	-
- basics of occupational medicine (30)	-	-	-
30 (I 0; II 30; III 0)	-	-	-
- first aid (20)	- first aid (15)	- qualified first aid (30)	- Preparation for the practical education phase and first aid (45)
20 (I 20; II 0; III 0)	15 (I 0; II 0; III 15; IV 0)	30 (I 30)	45 (I 0; II 45)
- psychology and educational science (210)	- medical psychology (30) - social psychology (30) - developmental psychology (30) - geronto-psychology (30) - neuropsychology (30)	- general and developmental psychology (45) - general educational science, andragogy, leisure time education (30) - social psychology and clinical psychology (45)	- psychosocial aspects of occupational therapy I (25) - psychosocial aspects of occupational therapy II (25)
210 (I 120; II 60; III 30)	150 (I 30; II 90; III 30; IV 0)	120 (I 120)	50 (I 50; II 0; III 50)



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Germany (hours)	Bulgaria (hours)	Poland (hours)	Austria (hours)
- special needs education (50)	- special psychology and special needs education (30) - working with parents of children with disabilities (30)	- social educational sciences and special needs education (45)	-
50 (I 0; II 30; III 20)	60 (I 30; II 0; III 0; IV 30)	45 (I 45)	-
- medical sociology and gerontology (70)	- sociology (30) - andragogy (30) - occupational therapy in geriatrics (45)	- sociology (45)	- psychosocial aspects of gerontology (25) - sociology (25)
70 (I 0; II 0; III 70)	105 (I 30; II 0; III 30; IV 45)	45 (I 45)	50 (I 25; II 0; III 25)
- adaptive processes in occupational therapy (50)	- occupational therapeutical devices for the adaptation to the environment I (45) - occupational therapeutical devices for the adaptation to the environment II (45) - ergonomics and design in the occupational therapeutic practice (30) - positioning and transfers (30)	- ergonomics in the living environment and working environment (45)	-
50 (I 50; II 0; III 0)	150 (I 0; II 45; III 45; IV 60)	45 (II 45)	-



Germany (hours)	Bulgaria (hours)	Poland (hours)	Austria (hours)
- prevention and rehabilitation (40)	- social medicine social rehabilitation and health promotion (30) - adapted physical education for people with disabilities (15)	- ergonomics and adaptation - adaptive activities (45)	- intra-disciplinary and interdisciplinary cooperation in occupational therapy (25)
40 (I 0; II 0; III 0; IV 40)	45 (I 0; II 0; III 45; IV 0)	45 (II 45)	25 (I 0; II 0; III 25)
- courses which cannot be reconciled with the German curriculum for theory:	- information technology in occupational therapy (45) - physical education (120) - occupational therapy for social inclusion (60) - medical nutrition (15) - art therapy (30) - creative activities in occupational therapy (30) - methodology of the final assignment (30)	- portfolio (60) - information technology and communication technology (15) - ethics (30) - basics of art theory (15) - physical education (90) - occupational therapy - basic knowledge (45) - processes and models of occupational therapeutical practice (75) - basics of music therapy workshop (15) - basics of theatre therapy and chore-occupational therapy (15)	- basic models in occupational therapy (100) - communication and interaction (25) - occupational therapy health promotion (50) - case management (25) - supervision (25) - international occupational therapeutic cooperation (50) - economic basics of self-employed professionalism (25)



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Germany (hours)	Bulgaria (hours)	Poland (hours)	Austria (hours)
		<ul style="list-style-type: none"> <li>- occupational therapy in the living environment (45)</li> <li>- occupational therapy for people who have been threatened by exclusion or who are socially excluded (45)</li> <li>- optional subjects (270)</li> <li>- methodology of the final assignment (15)</li> </ul>	
	330 (I 105; II 120; III 30; IV 60)	735 (I 350; II 120; III 250)	300 (I 175; II 0; III 125)

### 2.3.3.3 Legal stipulations for the approval as an occupational therapist in the participating countries

The comparison for the data and the facts for the approval as an occupational therapist is based on the currently valid legal regulations / guidelines in the participating countries. Among others, the following issues have to be mentioned:

- for Germany:
  - Regulation of the education and examination of occupational therapists (Ergotherapeuten-Ausbildungs- und Prüfungsverordnung - ErgThAPrV) of the Bundesministerium der Justiz und für Verbraucherschutz [Federal Ministry of Justice and Consumer Protection] as well as the Bundesamt für Justiz [Federal Office of Justice] (1999)
  - Law on the profession of the occupational therapist - ErgThG). Bundesministerium der Justiz und für Verbraucherschutz & Bundesamt für Justiz [Federal Ministry of Justice and Consumer Protection & Federal Office of Justice] (1976)
- for Bulgaria:
  - State Requirements for Higher Education for Bachelor, Master and Specialist Degrees (adopted by Decree of the Council of Ministers No 162 of 23.06.2002)
  - Regulation of the Ministry of Science and Education, National Evaluation and Accreditation Agency
- for Poland:
  - Regulation of the Minister of Health on the qualifications required from employees on particular types of job positions in non-business units, 20<sup>th</sup> July, 2011
- for Austria:
  - Fachhochschul-Studiengesetz [law governing studies at universities of applied sciences (Bundesministerium für Digitalisierung und Wirtschaftsstandort [Federal Ministry Republic of Austria Digital and Economic Affairs], 2019b)
  - MTD-Ausbildungsverordnung [medical technical services-educational regulations] (Bundesministerium für Digitalisierung und Wirtschaftsstandort [Federal Ministry Republic of Austria Digital and Economic Affairs], 2019a)
  - Gesundheitsberuferegistergesetz [register law for health professions] (Bundesministerium für Digitalisierung und Wirtschaftsstandort [Federal Ministry Republic of Austria Digital and Economic Affairs], 2019c)

Table 16 - comparison of the legal guidelines for the approval as an occupational therapist

Focusses	Bulgaria	Germany	Poland	Austria
basic knowledge and education	higher level of education: bachelor's programme (4 years) or master's programme (1-2 years)	educational pathway: 1. postsecondary school providing vocational education (3 years) 2. higher level of education: bachelor's programme (education integrated course of studies 3-4 years)	two elementary options of education: 1. postsecondary school providing vocational education (2 years) 2. higher level of education: bachelor's programme (education integrated course of studies 2 years)	higher level of education: bachelor's programme (3 years)
amount of the educational programs of the World Federation of Occupational Therapists (WFOT)	1 in Bulgaria (university in Ruse)	168 schools providing vocational education in Germany (9 in Thuringia), 7 education integrated university courses of study in Germany (0 in Thuringia)	3. Sport University of Wroclaw (BSc) 4. Sport University of Warsaw (BSc) 5. Sport University of Krakow (BSc; MSc)	there is no database, it is related to: <a href="https://www.wfoccupationaltherapy.org/programmes/education/wfoccupationaltherapy-approved-education-programmes">https://www.wfoccupationaltherapy.org/programmes/education/wfoccupationaltherapy-approved-education-programmes</a> : <ul style="list-style-type: none"> <li>• UAS of Salzburg</li> <li>• UAS of Campus Wien</li> <li>• UAS of Gesundheit [health] Innsbruck</li> <li>• UAS of Joanneum Bad Gleichenberg</li> <li>• IMC UAS of Krems</li> <li>• UAS of Wiener Neustadt</li> <li>• UAS for health professions of Upper Austria, Linz</li> <li>• UAS Kärnten</li> </ul>

Focusses	Bulgaria	Germany	Poland	Austria
academic level	university	school providing vocational education, university of applied sciences	university school	university of applied sciences
academic conditions	<ul style="list-style-type: none"> <li>- educational attainments bachelor's degree or masters degree <ul style="list-style-type: none"> <li>o bachelor's degree - 4 years (8 semesters); 240 ECTS</li> <li>o master's degree - 1 to 2 years (2 or 4 semesters)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- education as an occupational therapist at a school providing vocational education: 3 years</li> <li>- combined professional education and degree course programme – bachelor's degree (6 to 8 semesters), 180 ECTS</li> </ul>	<ul style="list-style-type: none"> <li>- educational attainments bachelor's degree or masters degree <ul style="list-style-type: none"> <li>o bachelor's degree - 3 years (6 semesters), 180 ECTS</li> <li>o master's degree - 2 years (4 semesters), 120 ECTS (only in Krakau)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- bachelor - 3 years, 180 ECTS (30 ECTS per semester or 750 hours pro semester, a total of: 4500 hours, minimum of 25% of these for practical occupational experience)</li> </ul>
accesses / requirements for the education / the course of study	<ul style="list-style-type: none"> <li>- diploma from secondary school qualifying for university admission or matriculation (biology and foreign language)</li> <li>- entrance examination</li> </ul>	<ul style="list-style-type: none"> <li>- requirements for the access to the educational options: successful completion of secondary level II or an equivalent education or a vocational education offer minimum of two years after the completion of secondary level II (§ 4 paragraph 2 ErgThG [law regulating</li> </ul>	<ul style="list-style-type: none"> <li>- schools providing vocational education after the completion of secondary level II: leaving certificate of secondary level II</li> <li>- higher level of education - bachelor's degree or masters degree: school leaving certificate with</li> </ul>	<ul style="list-style-type: none"> <li>- general qualification for university entrance (so called Matura or equivalent qualification - <a href="https://www.fh-krems.ac.at/studium/bachelor/vollzeit/ergooccupationaltherapy/herapie/#bewerbung-und-zulassung">https://www.fh-krems.ac.at/studium/bachelor/vollzeit/ergooccupationaltherapy/herapie/#bewerbung-und-zulassung</a>) or</li> <li>- vocational matriculation examination or</li> </ul>

Focusses	Bulgaria	Germany	Poland	Austria
		<p>occupational therapy]); entrance examination</p> <ul style="list-style-type: none"> <li>- education and degree course programme: advanced technical college entrance qualification or or an approved equivalent certificate</li> <li>- entrance examination</li> </ul>	<p>certificate of qualification for university matriculation (biology, mathematics, physics, chemistry, English)</p> <ul style="list-style-type: none"> <li>- no entrance examination</li> </ul>	<ul style="list-style-type: none"> <li>- university entrance qualification examination relevant to the occupation or</li> <li>- occupational qualification relevant to the profession with additional qualifications</li> <li>- health scientific aptitude test, occupationally relevant aptitude test, entrance interview</li> </ul>
years of schooling before entering and occupational education / course of studies	- 12 years	<ul style="list-style-type: none"> <li>- for occupational education: 10 years</li> <li>- for course of studies: 12 years</li> </ul>	<ul style="list-style-type: none"> <li>- 12 years (6+3+3) or</li> <li>- 13 years (8+4)</li> </ul>	<ul style="list-style-type: none"> <li>- 12 – 13 years</li> </ul> <p><a href="https://www.bildungssystem.at/">https://www.bildungssystem.at/</a></p>
language for professionalism	- Bulgarian	- German	- Polish	- German

Focusses	Bulgaria	Germany	Poland	Austria
required level of education for the access to the profession would	<ul style="list-style-type: none"> <li>- bachelor's degree and / or master's degree</li> <li>- degree has no influence on the salary</li> <li>- for university personnel: Doctor of Philosophy Degree (PhD)</li> </ul>	<ul style="list-style-type: none"> <li>- state examination with vocational qualifications</li> <li>- certificate of approval to hold the professional title (occupational therapists-education and examination regulation – ErgThAPrV - § 2, 4, 5, 6, 7, 10, 15; occupational therapists act – ErgThG - § 1, 2)</li> </ul>	<ol style="list-style-type: none"> <li>1. state educational examination with professional qualification</li> <li>2. bachelor's degree and / or master's degree; degree has no influence on the salary</li> <li>3. for university personnel: Master of science degree (M.Sc.)</li> </ol>	<ul style="list-style-type: none"> <li>- bachelor's degree and / or master's degree (Fachhochschul-Studiengesetz [studies act for universities for applied sciences] - FHStG) StF: BGBl. no. 340/1993, § 16)</li> <li>- professional authorisation for the profession of an occupational therapist (Bundesministerium für Digitalisierung und Wirtschaftsstandort [Federal Ministry Republic of Austria Digital and Economic Affairs], 2019a; Gesundheitsberuferegister-Gesetz [registration act for health occupations] – GBRG)</li> </ul>



Focusses	Bulgaria	Germany	Poland	Austria
registration requirements for the exercise of a profession	<ul style="list-style-type: none"> <li>- a registration with a national / state or regional organisation for the exercise of the profession of an occupational therapist is not required</li> </ul>	<ul style="list-style-type: none"> <li>- professional licence according to §1 (1) und § 2 (1) Ergotherapeutengesetz – [occupational therapists act] ErgThG</li> <li>- aptitude as regards health § 2 (1) Ergotherapeutengesetz – [occupational therapists act] ErgThG</li> <li>- police clearance certificate § 2 (1) Ergotherapeutengesetz – [occupational therapists act] ErgThG</li> <li>- knowledge of the German language § 2 (1) Ergotherapeutengesetz – [occupational therapists act] ErgThG</li> </ul>	<ul style="list-style-type: none"> <li>- a registration with a national / state or regional organisation for the exercise of the profession of an occupational therapist is not required</li> </ul>	<ul style="list-style-type: none"> <li>- professional licence (Bundesministerium für Digitalisierung und Wirtschaftsstandort [Federal Ministry Republic of Austria Digital and Economic Affairs], 2019a) by registration at the register for health occupations for occupational therapists (Gesundheitsberuferegister-Gesetz [registration act for health occupations] – GBRG, BGBl I Nr. 87/2016)</li> <li>- necessary supporting documents for the health profession register: <ul style="list-style-type: none"> <li>o identity documents and supporting documents regarding the education</li> <li>o criminal records pass</li> <li>o aptitude regarding health (medical certificate)</li> <li>o knowledge of the German language</li> </ul> </li> </ul>

Focusses	Bulgaria	Germany	Poland	Austria
	-	-	-	- issuance of a professional card, validity: 5 years (Bundesministerium für Digitalisierung und Wirtschaftsstandort [Federal Ministry Republic of Austria Digital and Economic Affairs], 2019c)
membership of the National Association	- no obligation to be a member of the National Association	- no obligation to be a member of the National Association	- no obligation to be a member of the National Association	- no obligation to be a member of the National Association
examination for the licence	- no licence required	- granting a licence postulates a successful completion of the examinations - the examination is regulated by the Ergotherapeuten-Ausbildungs- und Prüfungsverordnung [regulation regarding the education and examination of occupational therapists] (ErgThAPrV, 1999; § 2 ff.); It consists of an oral part, a written part and the practical part	- no licence required	- granting a licence postulates a successful completion of the examination - final bachelor examination facing an examination board is regulated in § 16 (1) des Fachhochschul-Studiengesetzes [law regulating the course of studies at the universities of applied sciences] (FHStG) StF: BGBl 340/1993

Focusses	Bulgaria	Germany	Poland	Austria
quality assurance system	- not required	<ul style="list-style-type: none"> <li>- quality assurance of the education in accordance with the stipulations of the Ergotherapeuten-Ausbildungs- und Prüfungsverordnung [regulation regarding the education and examination of occupational therapists] (ErgThAPrV, 1999)</li> <li>- places of deployment for the practical education have suitable quality management systems, e.g. hospitals</li> <li>- authorisation of private practices for occupational therapy according to quality criteria (SGB [German Social Security Code] V, §124)</li> </ul>	- not required	<ul style="list-style-type: none"> <li>- creation / accreditation of the course of studies are subject to the Fachhochschulstudiengesetz [law regulating the course of studies at the universities of applied sciences] (FHStG 2014, §8 paragraphs 3 to 5)</li> <li>external quality assurance is regulated in the Hochschul-Qualitätssicherungsgesetz [university quality assurance act] (HS-QSG 2020), responsibility: Agentur für Qualitätssicherung Austria [Agency for Quality Assurance and Accreditation] (AQ Austria)</li> <li>- internal and external audits in the course are induced by the university of applied sciences</li> </ul>

Focusses	Bulgaria	Germany	Poland	Austria
minimum requirements for the employment	<ul style="list-style-type: none"> <li>- no requirements regarding the occupational experience after the education - depends on the employer</li> </ul>	<ul style="list-style-type: none"> <li>- professional licence</li> <li>- aptitude as regards health</li> <li>- police clearance certificate</li> <li>- knowledge of the German language (Ergotherapeutengesetz [occupational therapists act] – ErgThG 1999, §2)</li> </ul>	<ul style="list-style-type: none"> <li>- minimum requirements are regulated in detail in the regulation regarding the certificates of professional competence of employees for certain kinds of employment relationships in non-commercial fields (DZIENNIK USTAW RZECZYPOSPOLITEJ POLSKIEJ, 2011), (see Table 17)</li> </ul>	<ul style="list-style-type: none"> <li>- Gesundheitsberuferegister-Gesetz [registration act for health occupations] (GBRG), BGBl I Nr. 87/2016): if and when the professional licence is granted, the occupational therapist is entitled according to § 7 to exercise the profession both self-employed under his own responsibility and in the frame of an employment relationship. (Bundesministerium für Digitalisierung und Wirtschaftsstandort [Federal Ministry Republic of Austria Digital and Economic AffairsSchrift], 2019a)</li> </ul>

Focusses	Bulgaria	Germany	Poland	Austria
health stipulations	<ul style="list-style-type: none"> <li>- medical examination before commencing work (depends on the employer)</li> <li>- additional medical laboratory tests on infectious diseases (depends on the employer)</li> </ul>	<ul style="list-style-type: none"> <li>- applicant must be suitable to exercise the profession as far as his / her health are</li> <li>- employment contracts of the respective employers contain stipulations such as the existence of a protective inoculation against hepatitis B</li> </ul>	<ul style="list-style-type: none"> <li>- medical examination at the commencement of employment and regular examination during the employment relationship</li> <li>- additional medical laboratory tests on infectious diseases (depends on the operational area of the occupational therapeutic work)</li> </ul>	<ul style="list-style-type: none"> <li>- in order to meet the occupational obligations, the applicant's must have the necessary suitability as regards health and the necessary trustworthiness (Bundesministerium für Digitalisierung und Wirtschaftsstandort [Federal Ministry Republic of Austria Digital and Economic Affairs], 2019a)</li> </ul>

Table 17 - regulation of the health minister concerning the certificate of professional competence of employees for particular kinds of employment relationships in nonprofessional fields in Poland

Regulation of the Minister of Health on the qualifications required from employees on particular types of job positions in non-business units, 20 <sup>th</sup> July, 2011 (DZIENNIK USTAW RZECZYPOSPOLITEJ POLSKIEJ, Nr 151, poz. 896)		
position	qualifications	additional qualifications
senior-assistant for occupational therapy	completion of a university course of studies at the faculty or at the department of occupational therapy which comprises at least 3000 hours of education, 2000 hours of which in a group of basic and advanced contents comprising the knowledge of therapeutical theory and techniques as well as the achievement of a bachelor's degree	promotion of occupational therapy in the field of medicine or health sciences

position	qualifications	additional qualifications
assistant for occupational therapy	completion of a university course of studies at the faculty or at the department of occupational therapy which comprises at least 3000 hours of education, 2000 hours of which in a group of basic and advanced contents comprising the knowledge of therapeutical theory and techniques as well as the achievement of a bachelor's degree	7 years of professional experience as an occupational therapist
junior assistant for occupational therapy	completion of a university course of studies at the faculty or at the department of occupational therapy which comprises at least 3000 hours of education, 2000 hours of which in a group of basic and advanced contents comprising the knowledge of therapeutical theory and techniques as well as the achievement of a bachelor's degree	5 years of professional experience as an occupational therapist
senior occupational therapist	successful completion of a state school or a private school with the rights of a state school and the achievement of the professional title "occupational therapist" or of a diploma confirming the professional qualifications in the profession of an occupational therapist, successful completion of a state school or a private school with the rights of a state school and the achievement of the professional title „occupational therapist" or of a diploma confirming the professional qualifications in the profession of an "instructor of occupational therapy" a degree in the field of or in the discipline of occupational therapy with at least 3000 hours of education, 2000 hours of which in a group of basic and advanced contents comprising the knowledge of therapeutical theory and techniques as well as the achievement of a bachelor's degree	3 years of professional experience as an occupational therapist

position	qualifications	additional qualifications
occupational therapist	successful completion of a state school or a private school with the rights of a state school and the achievement of the professional title “ <b>occupational therapist</b> ” or of a diploma confirming the professional qualifications in the profession of an occupational therapist, successful completion of a state school or a private school with the rights of a state school and the achievement of the professional title „occupational therapist” or of a diploma confirming the professional qualifications in the profession of an “ <b>instructor of occupational therapy</b> ” or a degree in the field of or in the discipline of occupational therapy with at least 3000 hours of education, 2000 hours of which in a group of basic and advanced contents comprising the knowledge of therapeutical theory and techniques as well as the achievement of a bachelor’s degree	no additional qualifications or years of employment required



#### 2.3.3.4 Conclusion

In the database regarding the subject matter „theoretical education of occupational therapists“, there was at first the introduction of the theoretical education in the field of occupational therapy for all the participating project partners in the items I-IV.

On this basis, the theoretical education in the four partner countries of Germany, Bulgaria, Austria and Poland were compared in item V. For this purpose it was necessary to consult the curricula of each of the participating partners as a basis for the comparison with the curricula of the other partners.

The curricula proved to be so different that in the comparison of the German program with the Bulgarian, Austrian and Polish curriculum results were delivered which were different from the comparison of the Bulgarian programs with the German / Polish / Austrian ones, the Polish results with the ones of Bulgaria / Germany / Austria and finally the results of the Austrian curriculum compared with the ones of Germany, Bulgaria and Poland.

If you consult the **German curriculum as a basis for comparison**, you will find the following concordances:

- approx. 85 % between the German and the Bulgarian curriculum,
- approx. 66 % between the German and the Polish curriculum,
- approx. 77 % between the German and the Austrian curriculum.

If you **compare the Bulgarian curriculum** with those of the other participating countries, the following concordances show:

- approx. 60 % between the Bulgarian and the German curriculum,
- approx. 77 % between the Bulgarian and the Polish curriculum,
- approx. 87 % between the Bulgarian and the Austrian curriculum.

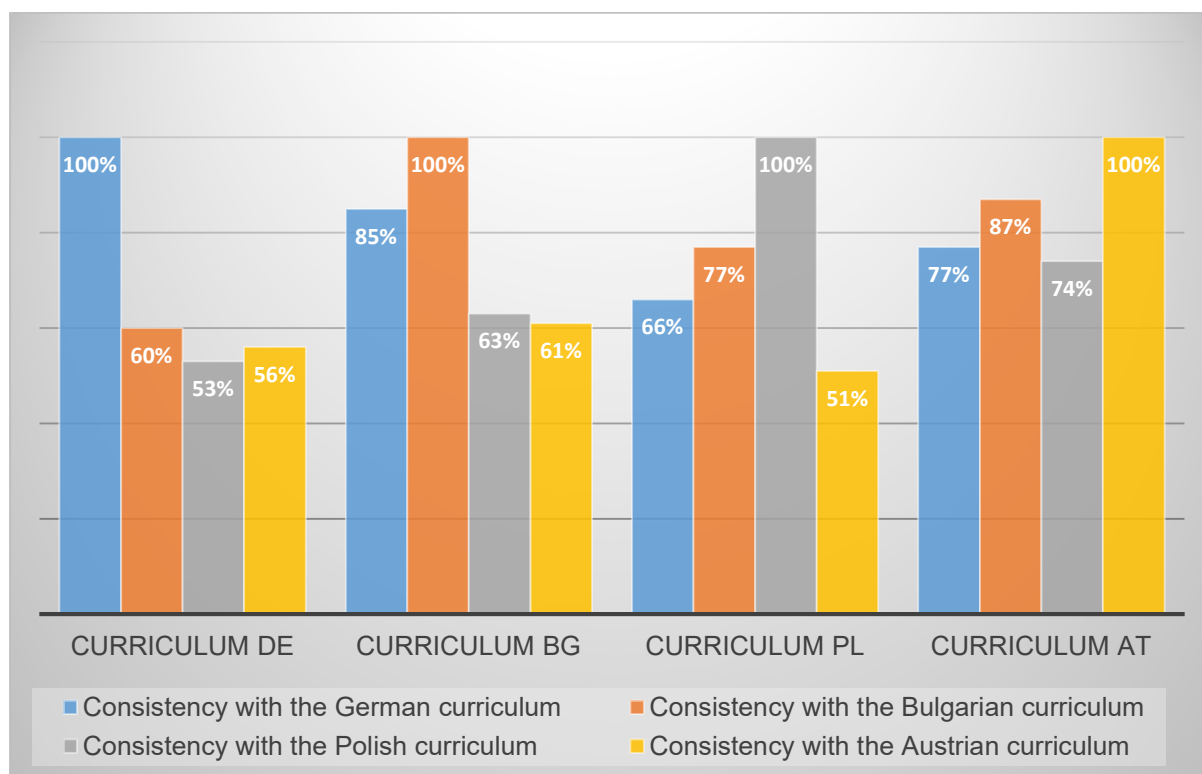
If the **Polish curriculum** serves as a **basis for comparison**, the following comparing values show:

- approx. 63 % between the Polish and the Bulgarian curriculum,
- approx. 54 % between the Polish and the German curriculum,
- approx. 74 % between the Polish and the Austrian curriculum.

Finally, the **Austrian curriculum** was consulted **as a basis for comparison**. Out of this comparison the following concordances could be deducted:

- approx. 56 % between the Austrian and the German curriculum,
- approx. 61 % between the Austrian and the Bulgarian curriculum,
- approx. 51 % between the Austrian and the Polish curriculum.

Image 9 - content related comparison of the curricula regarding the theoretical education of occupational therapists



As the programs for the courses of studies / education have not been designed in accordance with a uniform regulation, there are significant differences between them.

Furthermore, the contents of the subjects taught were analysed based on the curricula of the participating partners. When reconciling the subjects taught, the similarities and differences as well as the amount of hours in the individual years of study / education were considered. The German curriculum served as a reference framework.

The differences determined also result from the different duration of the courses of studies / the education in the participating countries as well as from the differentness of the ECTS credits.

Moreover, the competence matrix for the field of occupational therapy (subject specific competences for the occupational therapy according to ENOTHE [European Network of Occupational Therapy in Higher Education]) could not be consulted when comparing the data as the participating project partners did not expand on that in the framework of their elaborations.

Finally, the following proposals are submitted:

- creation of a common competence matrix for the theoretical occupational therapeutical education
- determination of a common interpretation of the ECTS credits within the theoretical curriculum.

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#### 2.3.4 Presentation of results relating to the database „**Social insurance systems in the participating countries**“<sup>4</sup>

For many years, the European Union has been making an effort to approximate the social security systems of the individual member states and to create corresponding minimum standards. For this purpose, guidelines for the social protection of the EU citizens on a European level are issued.

The member states implement these in national legal regulations relating to social focus areas such as unemployment, sickness, motherhood up to old age pensions and the pension for survivors. Furthermore, most of the member states guarantee their citizens further-reaching benefits by individual social insurance systems.

Despite all the approximations of the social security systems in Europe, cultural and history related differences become significant apart from commonalities. This is also shown by the database on the focus of „social insurance systems“ in the countries of Bulgaria, Poland, Austria and Germany generated in the project „EUPRAC - Europractice for Occupational Therapists“. At this point, a summarising presentation of the country specific data shall give an overview of the following topics:

- the social insurance systems in the participating countries: structure, modus operandi, and financing and
- the position of occupational therapy in the social insurance systems of the countries: relevant legal regulations, financing of occupational therapeutical services.

##### 2.3.4.1 The social insurance systems in the participating countries

##### 2.3.4.1.1 Structure and modus operandi of the social security systems in the participating countries

In **Germany**, the social insurance constitutes a legal insurance system the task of which is to keep up the standard of living and the social position of the insured persons in existentially risky situations.

The legal social insurance is based on the fourth volume of the German Social Security Code (SGB ) IV and is, in essence, a statutory insurance. Based on the principle of the supportive society it offers financial protection in case of unemployment, sickness, need for nursing care, occupational accident (SGB [Social Security Code] VII, §1) and at old age.

The social insurance system in Germany consists of five branches:

- unemployment insurance: guarantee of the existential security in case of unemployment, support for the job search (agency: Bundesagentur für Arbeit [Federal Employment Agency]),

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<sup>4</sup> the data were compiled by: **IBKM gemeinnützige Schulträger GmbH**



- old-age pension insurance: old age protection in case of occupational disability and unemployability and in case of death for the agency: Landesversicherungsanstalt für Arbeit [regional old age pension insurance for employees] (LVA), Bundesversicherungsanstalt für Angestellte [Federal Insurance Institution For Employees] (BfA),
- keeping up and restoring health, abatement of sequela, measures of health prevention (agency: statutory health insurance, private health insurance),
- accident insurance: restoration of the capacity to work in case of a(n) (occupational) accidents, benefits in case of occupational illnesses (agency: employers mutual insurance association),
- long term nursing care insurance: permanent coverage as well as financial support of persons in need of care (agency: the respective health insurances).

The agencies of the social insurances in Germany are corporations governed by public law, which administer and organise themselves. The state allocates done statutory tasks which the corporations implement under their own responsibility but under state supervision. Furthermore, the insurers are organised in federal associations. These federal associations answer to the Federal Ministry of Labor and Social Affairs and the Federal Ministry for Health. It is the task of these ministries to maintain, secure and further develop the efficiency of the different branches of insurances.

(Designs of social insurance in Germany, 2020), (Social Security in Germany, 2020)

The right to social security is one of the fundamental rights of the citizens of the Republic of **Bulgaria** according to section 51 paragraph 1 of the constitution of the Republic of Bulgaria.

The state social insurance grants cash benefits, supplementary benefits and pensions for:

- temporary disablement,
- temporarily reduced capability of work (readjustment of the workplace),
- maternity,
- unemployment,
- disability,
- old-age,
- demise.

The scope of validity of social protection in Bulgaria comprises the classical social insurance based on the contributions to the social insurance. The social insurances are financed by the budgets of the social security funds, the public health care and the health insurance are financed by the budget of the national health insurance and the national budget. In the year 2000 a pension reform was performed in Bulgaria by which the three-column pension insurance system was introduced. The selected model combines the principle of contribution (principle of solidarity) and the principle of capital of Social Security, i.e. the social function of the state and the individual contribution of the insured persons.



The system of social security in **Poland** has a complex structure and consists of the following elements:

- the system of social insurance and social guaranteed minimum pension,
- the system of health insurance,
- the benefits in case of unemployment,
- the benefits for the family.

The obligation to take out insurance for the case of certain risks and the benefits guarantee in case such a risk occurs are laid down in numerous legal acts, such as in the constitution of the Republic of Poland and the law of 13 October 1998 concerning the system of the social insurances in.

For male and female employees as well as for tradesmen / businessmen / craftsmen there is an obligation to take out insurance. The social insurance institution (ZUS - Zakład Ubezpieczeń Społecznych) is responsible for collecting and accounting of all the insurance contributions.

The law concerning the system of the social insurances governs all the questions of compulsory insurances as well as the voluntary accession to the social insurance system.

The tasks in the field of „social security“ are fulfilled by, among others, the following agencies:

- the social insurance institution (Zakład Ubezpieczeń Społecznych) – the state operated social insurance in Poland, which collects the contribution for the social insurance and sickness insurance from the employees and which also pays out benefits,
- the institution of the agricultural social security (Kasa Rolniczego Ubezpieczenia Społecznego – KRUS) – pays cash benefits and non-cash benefits in the framework of pension prevention from the social insurance for farmers,
- the ministry for labour and social politics (Ministerstwo Pracy i Polityki Społecznej) – pays benefits in case of unemployment, benefits for the family and social benefits from the funds of social welfare,
- the national health fund's (Narodowy Fundusz Zdrowia – NFZ) – pays non-cash benefits from the health insurance,
- the open pension funds (otwarte fundusze emerytalne – OFE) – they collect funds and invest them for financing a part of the old age pension,
- the company pension and security schemes (pracownicze programy emerytalne) – they collect funds and invest them for the financing of a supplementary (voluntary) part of the old age pension.

The social insurance fund (FUS) is a state earmarked fund. It was enforced on 1 January 1999 for the purpose of the implementation of the tasks from the field of social insurances. The power of disposition of the funds is incumbent upon the social insurance institution (Zakład Ubezpieczeń Społecznych), a state organisational unit with the headquarters in Warsaw.

The contribution rates in the pension insurance and the sickness benefit insurance are standard for all the insured persons.

Being responsible for the implementation of the stipulations concerning the social insurances, ZUS determines the entitlement to benefits and pays the insurance benefits as well as other benefits to be performed. In various circumstances of life, the following benefits can be granted:

- due to sickness and maternity: sickness benefits, maternity allowances, child-care subsidy, transitional allowance, rehab benefits,
- due to reduction in earning capacity: benefits for reduction in earning capacity, benefits for educational periods,
- due to old age: old age pension, additional allowances to the old age pension,
- due to occupational accidents and occupational diseases: one-off compensation, benefits in case of sickness, reduced capacity to earn and in the event of death of the breadwinner, benefits for the health provision in the field of dental medicine and inoculations, reimbursements for the cost of purchasing orthopaedic means, taking over the costs for medical examination indispensable for determining the alcoholic content, the content of intoxicants or psychotropic substances in the body,
- others: funeral allowances, social security pension, early retirement allowances, curative treatment rehab within the prevention of reductions of the capability to earn, paid by the ZUS.

An essential feature of the health system in **Austria** is the equal and easy access to all the social benefits for everybody, irrespective of age, residence, of origin and of social status as well as irrespective of the kind of the benefits and the extent of them, respectively. Essentially, this is made possible by a solidarity way of financing which is regulated in the social legislation and in the social security legislation as well as in additional agreements (e.g. agreements in accordance with section 15a B-VG between the Federal State and the federal states) (principle of solidarity) (Federal Ministry of Labour 2019).

The social insurance system is a supporting pillar of the public health sector. It comprises the branches of health insurance, accident insurance and pension insurance and is based on the model of the obligatory insurance. Thanks to the obligatory insurance anchored in the legislation, almost the entire population is protected by a health insurance. In addition to the social health insurance a private complementary insurance may be concluded (Federal Ministry for Labour, 2019).

In principle, the obligatory insurance is linked to employment, along with it members of the family or life-partners can be co-insured. There are additional regulations for pensioners and unemployed persons. The level of the obligatory insurance is measured by the income and not by individual risk factors. Under certain conditions, a self-insurance is also possible in the Austrian social insurance system. Persons without any health insurance must themselves compensate the costs for the health services – exempted from that are first aid measures (Federal Ministry for Labour, 2019; Gesundheit.gv.at, 2019).

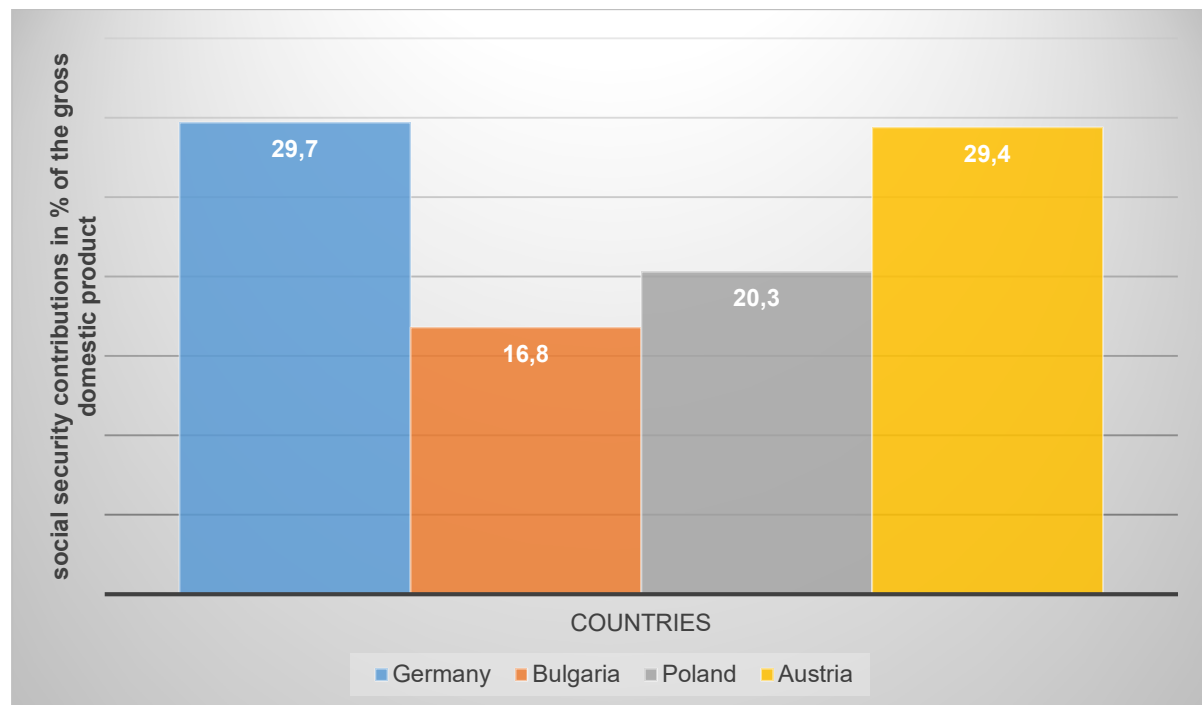
#### 2.3.4.1.2 Financing of social insurance systems in the participating countries

In all the member states of the European Union, the social benefits are, in essence, financed by three kinds of revenue:

- allocated state funds from tax money,
- social contributions of the protected persons (these are prevalingly persons in employment, self-employed and freelancers, old-age pensioners) as well as
- (actual and imputed) social contribution of the employers.

Partly, the percentage of revenue is considerably different in the individual selected countries (Sozialpolitik aktuell [current social politics], 2017). The following images illustrate this for the countries of Bulgaria, Germany, Poland and Austria considered here:

Image 10 - social security contributions in % of the gross domestic product 2017



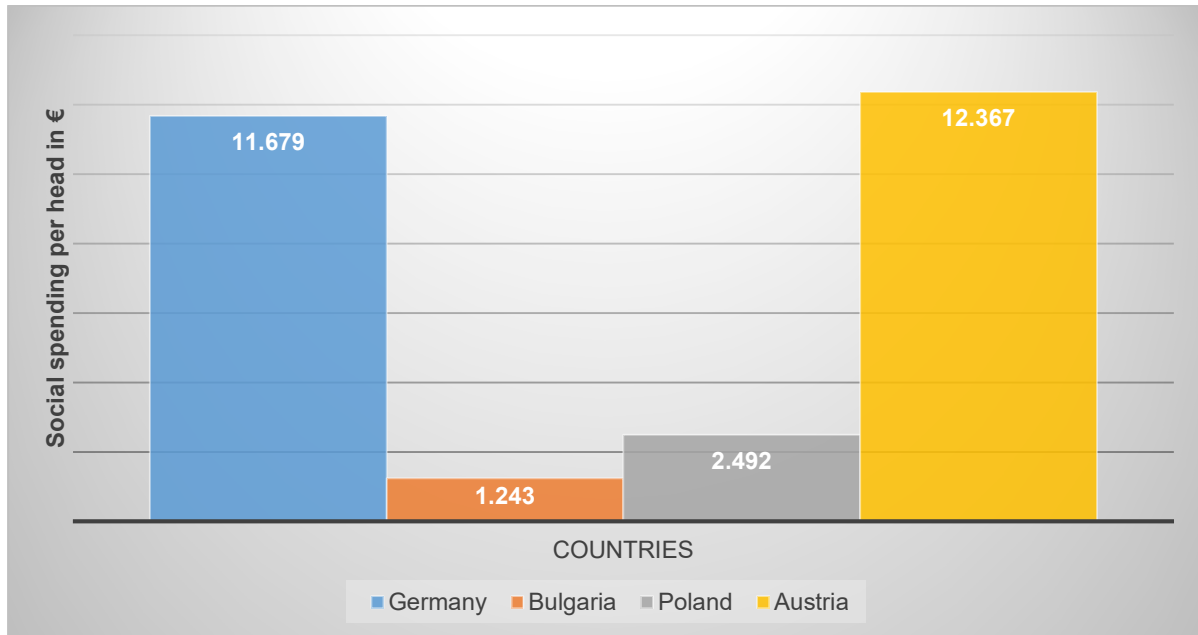
(Wirtschaftskammer [chamber of commerce] Austria (WKO) 2017, updated: 03/2020)

The average in the European Union was at 27,9 %.

Main sources of financing for the social protection at EU level in the year 2017 were mainly:

- 55 % of the total revenue of social contributions,
- 40 % of the allocated state funds from tax money.

Image 11 - per head social spendings 2017

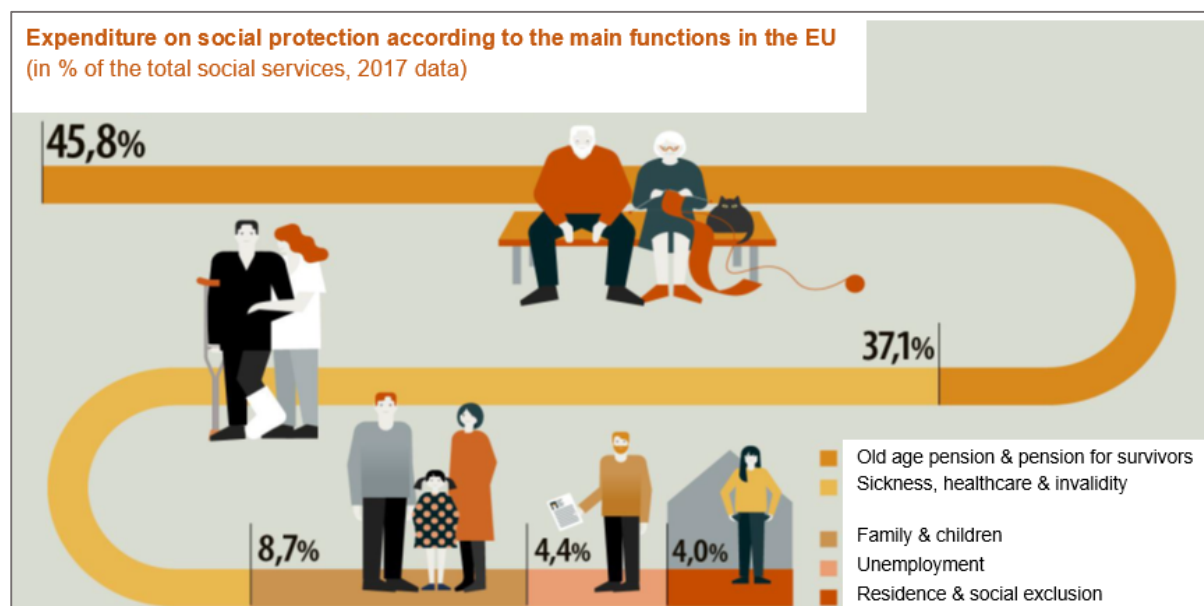


(Wirtschaftskammer [chamber of commerce] Austria (WKO) 2017, updated: 03/2020)

Of the participating countries, Austria in 2017 had the highest social spendings per head at an amount of 12,367 €, followed by Germany at an amount of 11,679 €. Thus these two countries were above the European average of 9511 € in 2017. With 2,492 € and 1,243 €, Poland and Bulgaria were significantly below that.

On average in the European Union, old-age benefits and survivors' benefits had a share of nearly 46% of the overall social benefits in the year 2017 and constituted the major part of the benefits paid for social protection in almost all the member states (press release eurostat, 2019).

Image 12 - spendings for social protection according to the main functions in the EU in 2017



(eurostat, 2019)

The social insurances in **Germany** are based on several principles. A major part of the German population is subject to the obligatory insurance, i.e. the obligation to be insured against certain risks (exceptions are possible, e.g. for the self-employed and freelancers, persons in marginal employment, civil servants and soldiers).

For those who are not compulsorily insured there is, moreover, the possibility to be voluntarily or privately insured.

The social insurance is financed by the following sources:

- social insurance contributions by the employers and the insured,
- contributions by the federal government to the pension insurance and health insurance which constitute a considerable part of the die federal government budget,
- tax revenue from health funds.

The prevailing part of the benefits of the social insurance, however, is financed by contributions. These are raised by the insured and their employers together. As regards the amount of the member contributions, this depends on the so-called “assessment threshold“ for gross salaries and gross wages. The contribution to the social insurance amounts to approximately 21% of the gross wages obtained by an average employee. In addition to the expenses for the contributions of the social insurance, the employer pays contributions e.g. for the costs for personal development, continue to pay for wages and salaries in case of illness or in case of leave / vocation, capital-forming payments or, if applicable, for the occupational pension scheme. The contributions for the accident insurance are solely borne by the employer.

The compulsory insurance is based on the principle of solidarity. Irrespective of the claim of benefits, all insured persons pay into the insurance. Thus those claiming more benefits are secured by the other members. The contributions here go by the income of the insured persons, the benefits, in contrast, are distributed by a supportive offset.

In addition to the statutory health insurance in Germany, there are, however, also the private health insurances. The structural feature here is the system of equivalent compensation. When concluding a contract, the insurance contributions are in principle calculated as equivalent to the individual risk factors such as age when entering, gender and underlying health conditions.

The social insurance system in **Bulgaria** comprises:

- the classical social insurance depending on contributions,
- the social security systems independent from contributions and
- the social welfare system including the system of the social services are.

Determining the entitlement of a claim in the framework of the systems is done on the basis of a catalogue of criteria which also includes a means and poverty test.

The social insurance system in Bulgaria is financed by the contributions to the social security by the employers, the contribution by the employees as well as partly by contributions by the state. Social benefits are exclusively financed from means of the government budget.

The contributions to the insurance are determined as a percentage of the income subject to compulsory insurance. The employer and the insured person there the contributions in a 60:40 ratio (only for the insurance institutions “general disease and maternity” as well as for the unemployment insurance institution). The government budget bears the contributions for civil servants, judges, public prosecutors and members of the Armed Forces. Self-employed persons and freelancers bear the full contributions at their own expense.

The contributions for accidents at work and occupational diseases are borne by the employers and the insured persons. In addition to that, the employer pays the contributions to the funds guaranteeing claims by the employees.

Contributions to the social insurances have to be paid for the paid, collected as well as outstanding monthly gross salaries and wages, respectively. The contributions must not fall short of the determined minimum income subject to compulsory insurance for the most important business activities and professional categories. Persons for whom no minimal income subject to compulsory insurance has been determined, must pay contributions based on the national monthly minimum salary and wages, respectively. For self-employed persons and freelancers the minimum income arises in dependence from their annual income subject to taxation.

(Rights of social security in Bulgaria, 2019)

The social insurance systems in **Poland** are financed out of the following government funds:

- social security funds (FUS),
- demographic reserve funds (DResf),
- funds of the bridging retirement annuity (ÜAltRF).

The social insurance agency ZUS (Zakład Ubezpieczeń Społecznych) is authorised to dispose of as regards the named funds. Benefits for the family and for health are financed separately out of the state budget (financed out of the federal budget, competence: municipal administration or public welfare centre) and so are benefits in case of unemployment (financed out of the labour funds (Fundusz Pracy), competence: Labour exchange offices) as well as benefits from the social insurance for farmers der agriculturists (financed out of the funds of the agricultural social insurance, competence: Kasa Rolniczego Ubezpieczenia Społecznego (KRUS)).

The takings of the social insurance funds (FUS) are created, amongst others, by:

- contributions to the social insurance (of approximately 71.4% the most important source of revenue),
- payments out of the state insurance (approximately 16.5%),
- the compensation is out of the public pension funds (approximately 4.5%; administrations of the open pension funds: general pension societies - PTE),
- payments out of the demographic reserve funds (approximately 1.4%),
- other revenues (6.2%).

The demographic reserve funds figure as a reserve fund for the old age funds separated from the social insurance funds.



The demographic reserve funds are financed by:

- parts of the amount of the contribution to the old age pension insurance (approximately 34%),
- returns out of the privatisation of state assets (approximately 54%),
- profits drawn from investments (approximately 12%).

The revenues out of the bridging retirement annuity, come, amongst others, from

- contributions to the funds (employees' obligation to pay),
- subsidies from the treasury,
- income from interests on bank accounts of the fund,
- financial investments of the fund.

(Social security in Poland, 2015)

In **Austria** the social insurance, in a strict sense, consists of:

- the statutory pension insurance,
- the statutory health insurance and
- the statutory accident insurance.

Typical features of the Austrian social insurance are:

- compulsory insurance for self-employed persons and freelancers, respectively, and employed persons in the labour market as well as the members of their families. Some groups, e.g. persons in marginal employment, are obligatory insured only certain sectors;
- legal claims to certain – but not all – benefits (certain qualifying conditions must be fulfilled);
- financing by insurance contributions depending on the income and government support;
- principle of solidarity: persons with a higher income (higher social insurance contributions) co-finance benefits for persons with a lower income;
- insurance principle: insurance as a requirement for many social benefits as well as the relation between income and amount of benefits.

Since 1 January 2025, five social insurance agencies have been organised under the umbrella association of the Austrian Social Insurance Agencies (DV):

- Österreichische Gesundheitskasse [Austrian health insurance company] (ÖGK),
- Versicherungsanstalt für den öffentlichen Dienst, Eisenbahnen und Bergbau [insurance institution for the civil service, the railway services and the mining industries] (BVAEB),
- Sozialversicherung der Selbstständigen [social insurance company of the self-employed and freelancers, respectively] (SVS),
- Pensionsversicherungsanstalt [pension insurance institution] (PVA),
- Allgemeine Unfallversicherungsanstalt [general accident insurance institution] (AUVA).

(The social insurance is the most important part of the Austrian system of social security, 2020)



The benefits are prevailingly rendered as non-cash benefit (principle of solidarity) equal for everybody insured or as monetary benefits depending on the contribution (e.g. pensions, sickness benefits). Among the tasks of the social insurance are, apart from the insurance benefits in the strict sense, also health protection, security consulting as well as rehabilitation.

The entitlement spendings in Austria are financed for almost 2/3 out of social insurance contributions and for one third out of general tax money (tax on wages, income tax, value added tax and consumption tax such as duty on tobacco). That means out of duties the major part of which is borne by the employees and the employers. Income out of assets or yield on assets such returns on investment or revenues from taxes on land and buildings hardly contribute to the financing of the Austrian social state.

57% of the social benefits are financed out of the social insurance contributions of the employees. 37% comes? from this sector of general tax money. The major part of it is also born by employees and consumers – above all via taxes on wages and salaries and via value-added taxes.

(Our social state yesterday and today, Linz 2018)

The contributions to the accident insurance are solely borne by the employers.

2.3.4.2 The position of occupational therapy in the social insurance systems of the participating countries

2.3.4.2.1 Relevant legal regulations for the field of occupational therapy in the participating countries

The legal position of occupational therapy in **Germany** is determined by the codes of social law (SGB [German Social Security Code]). Under the terms „Leistungserbringer für Heilmittel [provider of benefits for remedies]“ oder „Heilmittelerbringer [provider of remedies]“ the social codes refer to both the occupational profile of the occupational therapist and to another three occupational profiles (physiotherapist, speech therapist, paediatrist).

Occupational therapy is relevantly legally regulated in SGB [German Social Security Code] V, prevailingly. This comprises 12 sections regulating the education, the approval, the fields of deployment the rendering of service as well as the remuneration and the accounting of services rendered.

They are supplemented by a respective section in SGB [German Social Security Code] VI and VII, which relate to the prevention and the medical rehabilitation.

The SGB [German Social Security Code] IX regulates the rehabilitation and the participation of persons with disabilities. 13 sections here refer directly to the occupational therapy and its tasks.

In **Bulgaria**, the position of occupational therapists in the social services is defined in a document with the title “methodology regarding the determination of the amount of employees in the social services“. The legal stipulations for the deployment of occupational therapists here provide a three-step classification: “obligatory“,

“recommended“ or “not included “. Even if the deployment of occupational therapists is implied, these positions can also be taken by physiotherapists.

Occupational therapists are classified in the following social services / fields of work as obligatory employees:

- day-care centres for children with disabilities / mental handicaps,
- homes for children with mental handicaps,
- centres for social rehabilitation and integration,
- homes for adults with physical disabilities, mental handicaps, mental disorders.

As already described above, these positions can also be taken by physiotherapists.

As recommended employees, occupational therapists shall be active in:

- day-care centres for street children,
- centres for supporting the community.

The employment of occupational therapists here does not constitute a legally stipulated condition, it is merely possible.

The deployment of occupational therapists is not legally determined in the following social services / fields of work:

- home for families,
- mother and infant service,
- sheltered houses, crisis centres,
- daycare centres for the elderly,
- home-care for personal support.

Here there are no legal guidelines, the deployment of occupational therapists, however, would be possible.

The social insurance system in **Poland** is regulated by 14 laws and 165 decrees. Substantial legal regulations regarding the position of occupational therapy exist in three laws and six decrees and determine:

- in the provisions of the law containing the system of social insurance:
  - occupational therapy is named as a necessary service,
  - determinations regarding the requirements to employment (education, occupational experience) as well as statements regarding the occupational ratio.
- the decrees of the law on the protection of mental health regulate:
  - objectives, contents, extents as well as the manner of documentation of rehabilitation courses in social care homes for persons with mental disorders (substantially also for the field of occupational therapy);
  - objectives, manner, modification of the performance and documentation of rehabilitation measures in psychiatric hospitals (here are also the rehabilitation classifications for occupational therapy are defined).

- the law on the occupational and social rehabilitation and the occupation of persons with disabilities
  - comprises a decree concerning occupational therapy, which regulates detailed rules for the implementation, modus operandi and the financing of occupational therapeutic services for persons with disabilities (here in particular for the implementation in nonprofitmaking workshops). Among other things, the deployment of occupational therapeutic personnel is mandatorily designated;
  - comprises a further decree concerning the centres for occupational development for persons with disabilities, in which also therapeutic rehabilitation services are designated. Occupational therapeutic personnel, however, is not compulsorily required.

The legal fundament of occupational therapy in **Austria** is defined in the law on higher medical technical services (MTD). Furthermore, these are subject to the physio-therapeutic service, the medical-technical laboratory service, the radiologic-technical service, the dietary service and the nutritional-medical consultation service, the logopaedic-phonetic-audiological service and the orthopaedic service.

The MTD act defines the following criteria:

implementation of Union Law, cross referenced, data processing, occupational profile, professional licence, European Economic Area approval, adaptation course, aptitude test, evaluation, assessment and reports, European Economic Area approval – European professional card, European Economic Area approval – partial access, exercise of the profession, self-employed and freelance exercise of the profession, advertising restrictions, duty to furnish information and rendering of accounts, location of residing and practising, temporary rendering of services, temporary rendering of services – European professional card, exercise of a profession in employment, further training during the vocational education abroad, occupational title, occupational obligations, documentation, obligation to submit information, obligation to confidentiality, obligation of further education, obligation to disclose, withdrawal of the professional permit, advisers to the medical-technical service, advanced training course, specific training, penal provisions as well as final provisions und transitional provisions.

Occupational therapists are permitted to work as “members of a health profession“ or „members of the medical technical service“ in general medical institutions, specialised medical institutions, nursing institutions for chronically sick persons, sanatoria, independent outpatient clinics and in military medical institutions. These are subject to the „medical institution and convalescent homes act“ (BGBl. [Federal Law Gazette] I No. 14/2019). Within this law it is in particular stipulated, that the hospital sponsors of medical institutions have to ensure that a regular further education of the members of the medical-technical services is warranted (BGBl. [Federal Law Gazette] I No. 14/2019 §11d).

Occupational therapists work in long-term institutions under the respective federal-state law which are differently defined depending on the federal-state. They work in

primary care in accordance with BGBl. [Federal Law Gazette] I No. 100/2018 §2. In social institutions, occupational therapists work with the following target groups: disabled persons and persons threatened by a special in accordance with BGBl. I Nr. 100/2018 §1, as consulting services with children and juveniles with development problems in accordance with BGBl. [Federal Law Gazette] I No. 100/2018 §17. Furthermore they work in counselling for auxiliaries in accordance with BGBl. [Federal Law Gazette] I or. 100/2018 §18 and with therapy accompanying in accordance with BGBl. [Federal Law Gazette] I No. 100/2018 §39a.

#### 2.3.4.2.2 Financing of occupational therapeutic services in the comparison of the countries

Occupational therapeutic services are financed by private and / or state money in the countries participating in the project. This depends, whether occupational therapy is desired as a consequence of a prescription by the physician or by an authority or whether it is desired on the initiative of the patient. Occupational therapeutic interventions financed by the state are included in the calculation of the social spendings of the respective country.

Persons with a statutory health insurance in **Germany** have a legal claim to be provided with remedies (§ 32 SGB [German Social Security Code] V). Which measures are prescribable, is determined in the remedy guideline of the Gemeinsamer Bundesausschuss [German Federal Joint Committee]. In the catalogue of remedies, which is an integral part of the remedy guideline (second part: allocation of the remedies to the respective indications), the respective prescribable services are allocated to the diseases and the symptoms. Therapists exclusively qualified and approved for this purpose are permitted to render the services at the expense of the statutory health insurances, the workers' compensation board and the private health insurances. In Germany, occupational therapy is a recognised remedy which can be prescribed by the general practitioner or by a medical specialist. The prescribed remedy is paid for by the statutory health insurances, the workers' compensation board and the private health insurances. The additional contribution for remedies is 10% of the costs of the remedy in addition to 10 Euro per prescription, whereat this may comprise several applications.

Apart from the house insurances, the costs of a medical prescription for remedies can be taken over by the accident insurance, which e.g. applies to occupational therapy. In individual cases the sickness support of the social assistance authorities steps in for the costs.

Furthermore, occupational therapeutic services in Germany are financed by private money:

- if the treatment of private patients based on a medical prescription, the patients initially pay for their treatment themselves. Private insurances can be individually designed in a very different way. Depending, if and how they are insured, privately insured persons get the costs for the treatment reimbursed in full or partly. Government aid normally reimburses the costs for the treatment of the amount of the maximum allowance for medical aid;

- on demand or on the patient's request, respectively, medical diagnostics, consultations or treatment can be performed without any medical prescription. The cost for the treatments are borne by the patients themselves privately.

In both cases, the rendering of the service is based on a contract between the practice for occupational therapy and the patient.

The settlement is performed in accordance with the medical fee schedule for therapists (GebüTH).

The financing of the health system in **Bulgaria** is concentrated on currently existing problems, amongst others on the limited access of disabled persons to medical rehabilitation.

In accordance with §15 of the law regulating the integration of persons with disabilities, these persons are entitled to medical and social rehabilitation. The main target is the group of people with severe spinal cord injuries, in most cases paraplegia and quadriplegia. The medical rehabilitation is a treatment activity which is performed by a multidisciplinary team in accordance with the regulations and procedures of the hospitals and the health insurance act; it comprises the following:

- supporting medication,
- speech therapy and vision therapy,
- physiotherapy,
- occupational therapy,
- psychotherapy,
- assisting devices and equipment,
- medical devices for persons with disabilities.

According to the valid stipulations in Bulgaria, patients with paraplegia and quadriplegia can make use of the following medical rehabilitation services:

- a clinical course of therapy (CP) for physiatrics and rehabilitation twice a year for seven days (CP 237 and CP 244), a programme of the National Insurance Institute for prevention, rehabilitation and comprehensive health service,
- a rehabilitation according to the law for the integration of people with disabilities, for a total of approximately 30 days per year. In most cases, these days cannot be continuously used due to a lack of hospital beds and long waiting lists. According to the opinion of the experts, data rehabilitation time is not sufficient to regenerate and achieve visible results. The lack of a suitable rehabilitation leads to lifelong impairment.

In Bulgaria, medical rehabilitation services are mainly rendered in the specialised rehabilitation clinics - National Complex EAD.

Other options of medical rehabilitation are:

- procedures in hospitals and medical centres against payment,
- rehabilitation centres without a contract with the state health insurance,
- NGO [non-government organisations] rehabilitation centres,

- centres for social rehabilitation and integration into the respective community or into a non-government organisation,
- therapists in private practices.

Unfortunately, occupational therapists in Bulgaria cannot work with rehabilitation clinics, as the prerequisite is a medical. Thus occupational therapy is integrated in the field of public health.

Occupational therapy is part of the complex rehabilitation at all the social institutions which are supported by the government. The patient gets occupational therapy free of charge if the social worker of the multidisciplinary team decides that this is necessary. The therapist receives a salary paid out to him by the social institution. The social institution disposes of government means and is supervised by the community. The financing is fed by the budgets of the ministry for labour and social politics or the ministry for health.

For all the occupational therapeutic services which are not part of a government financed service, the occupational therapists get a salary which consists of the fees which the customers have to pay for by themselves.

With all the services, the occupational therapist is part of a multidisciplinary team, he keeps, however his autonomy and works independently.

In **Poland**, the financing of occupational therapeutic services is very complex. In general, government funds are named here. Which fund or source of finances, respectively, goes by the places of deployment of the occupational therapists:

Table 18 - sources of financing, occupational therapy in Poland

Funds / sources of financing	Placements for rendering occupational therapeutic services
national health fund	e.g.: psychiatric hospitals
national rehabilitation fund for disabled persons	e.g.: centres for social integration, associations for social integration, centres for occupational development and workshops for occupational therapy
funds of the ministry for family, labour and social politics	e.g.: institutions of the social welfare and care of children, community-based self-help homes
budget of the local government	e.g.: nursing homes, day-care homes, institutions of social welfare and care of children
budget of the local government	e.g.: nursing homes
voivodal self-government	e.g.: hospitals, psychiatric hospitals
labour funds	e.g.: centres for social integration
own economic activity	e.g.: centres for social integration
European projects	e.g.: centres for social integration, clubs for social integration

(own description)



In **Austria**, occupational therapy is a legally regulated health profession (Ergotherapie [occupational therapy] Austria, 2020). Financing the occupational therapists is subordinated to the Allgemeine Sozialversicherungsgesetz [general social insurance act]. In case of sickness, the occupational therapeutic service is covered irrespective of the insurance company (health systems in flux). This means, that the social insurance companies (ÖGK, PVA, AUVA, SVS, BVAEB), which are subordinated to the umbrella association of the Austrian Social, are legally obliged to reimburse the person eligible for the costs to the extent of certain association articles. This happens irrespective of the occupational therapist having a contract with the respective social insurance company. In addition to that, the occupational therapist must be entitled to perform the treatment, a medical prescription must be at hand. The amount in the association articles a subject to the social insurance company. (SVS [social insurance institution for self-employed persons and freelancers, respectively] sickness regulation 2020 §17(3)).

#### 2.3.4.3 Conclusion

Social insurances are an important achievement for the benefit of the population and for social justice.

Within the framework of preparing this comparative study, a database concerning the position of occupational therapy in the social insurance systems of the countries Bulgaria, Poland, Austria and Germany originated. For this purpose, initially the respective social insurance systems of the participating countries and their financing were illuminated. In a second step, the systems were observed in particular under the point of view of legal regulations for the occupational therapy. Finally it was investigated, in which way the occupational therapeutic services are financed in the participating countries.

In summary it can be ascertained, that in all the countries participating in the project the social security systems primarily have the task to keep up the standard of living as well as the social position of the insured persons in existential risk situations.

In all the participating countries, the legal social insurance is, in essence, a compulsory insurance. In addition to that, there is the option of voluntary insurances.

The social insurance systems of the participating countries are furthermore organised according to the principle of solidarity.

All the insurers systems comprise, among other things:

- benefits in case of sickness,
- benefits in case of maternity (to some extent benefits in case of paternity on equal terms),
- benefits in case of occupational accidents,
- benefits in case of occupational illness,
- benefits in case of invalidity,
- old age pension, care,
- benefits to survivors,



- benefits in case of unemployment,
- benefits for the family,
- benefits in case of early retirement.

Primarily, there are differences specific to the countries in respect of the amount of the financial benefits and in respect of the access to these benefits.

In essence, financing in the participating countries is carried out by government allocations out of tax money, social contributions of the protected persons as well as by the employers. The share of public social spendings in the gross domestic product (GDP) is, however significantly different as are the social spendings per capita.

The position of the occupational therapy in Austria, Poland and Germany is unambiguously anchored in the law. In Austria therefor the law for the higher medical technical services (MTD) forms the legal basis. In Poland the legal position of occupational therapy is anchored in the social insurance systems act, in the law for the protection of mental health and in the law for the occupational and social rehabilitation and the employment of persons with disabilities. In Germany the legal position of occupational therapy is regulated in the German social code. A substantial legal implementation of occupational therapy in Bulgaria is done merely by a decree with the title “methodology concerning the determination of the number of employees in the social services“.

Occupational therapeutic benefits in the participating countries are financed by private funds and / or government funds. This depends whether the occupational therapy is required as a consequence of a prescription by a physician or by the own initiative of the patient, respectively.

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### 3. Recommended course of action for the preparation of the EUPRACcurriculum

The EUPRAC Comparative Study, here presented as a compact version, constitutes an important basis for the preparation of the EUPRAC curriculum. By the development of the curriculum, the European project team is united in the demand, both practice relevant and exemplary for other actors, to provide concrete guidelines for a barrier free completion of practical experience courses in order to open new perspectives and chances at the European labour market for young people. This simultaneously aims at the support of the attractiveness of the occupational profile of occupational therapists. It will be a particular challenge to fashion the curriculum in a way that it offers contents compatible with the European Union as well as competences to include it in the existing education / courses of study and to clarify the national as well as to effectuate national as well as European approval.

From the results of the comparative study important recommended courses of action can be deducted for the preparation of a correspondingly designed curriculum for the practical education of occupational therapists:

1. In view of the determined dissimilarities in the field of the practical education it is necessary to reduce to the contents of the practical work phase to a lowest common multiple in order to develop both compatible and eligible contents. For that purpose fields were already identified within the study in which the education of the participating project partners takes place in a comparable manner (see table 5: fields of practice in the comparison of the countries, p.28 of this version).
2. A further essential point of view results from redoubts from the competence orientation of the already existing country specific curricula. The ENOTHE tuning competences primarily apply to the die academic education in Bulgaria, Poland and Austria. Admittedly, not all the competence objectives formulated for the theoretical education take also effect within the practical education. This e.g. concerns the competences in the field of research and development in occupational therapy / science. Moreover, when reflecting on the four fields of competence at which the education in Germany aims at, significant parallels to the six fields of competence of the other participating project countries can be drawn. Thus the project partners should prepare a competence matrix for the competences to be achieved in the frame of the practical work phase.
3. Furthermore, it appears to be important to find a standard basis for the technical terminology for the curriculum of the practical work phase. In particular with a view to the different languages of the countries of origin, this is a way to avoid misunderstandings concerning the occupational context.
4. All the further recommendations refer most notably to the records / documents, which shall be used in the context of the practical work phase. Concerning this matter, the following shall be named:
  - the development of a guideline for actions for the students and university students, who want to complete a practical work phase abroad; also a guideline for actions for the practice instructors contributes to the

- professionalisation of the supervision and instruction of the practical work phase as well as the assessment of the performance;
- preparing an outline of expectations of the institutions providing a practical work phase towards the participants in the practical work phase supports an expedient decision of the persons interested in a placement for the practical work phase abroad; it should also be able to induce a conformity of the institutions providing a practical work phase with their anticipations;
  - assignments were then the practical work phase are an important basis to secure the success of such a practical work phase. These assignments should be formulated for the already identified focuses of the practical work phase in order to ensure the comparability and the quality in the implementation processes;
  - this objective should also be achieved by the development of the following records: requirements and instructions for the documentation for the participants in the practical work phase as well as for the instructors of the practical work and for the purpose of self-assessment of the participants, contractual specifications etc.
5. In order to support acting professionally and on one's own responsibility in occupational context from the very beginning, a reconciliation in the EUPRAC team concerning the individual phases in the practical work experience is recommendable.
  6. For the development of the EUPRAC curriculum, besides the findings when working at the comparative study, the following important data should be considered: the experiences and the professionally to of the participating project partners, the findings from the project component „job shadowing“, the results from the performance and the attendance of the Tandem practical work phases as well as from the surveys among the participants, instructors and mentors of the practical work phase.
  7. In the course of the project, further important findings e.g. from the networks of the participating acting persons will be expected which also needs checking on relevance for the curriculum and which have to be implemented if appropriate.

#### 4. Concluding Remarks and Outlook

The following data pools, hereinafter called “database”, which were gathered by the participating project partners within the duration of the project, have served as a basis for the preparation of the compact version of the comparative study „EUPRAC - Europractice for Occupational Therapists“:

- database “Occupational profile of the occupational therapist“
- database “Practical occupational education of occupational therapists“
- database “Theoretical education of occupational therapists“
- database “Social insurance systems in the participating countries“.

From the point of view of all the participating acting parties, this first component of the project provided essential findings both for the education of occupational therapists in

the participating countries and the respective existing frame conditions and the position of occupational therapy in the respective social insurance systems and the financing related thereto.

In the process of preparing the comparative study, primarily the educational programs for occupational therapists in the participating institutions were transparent. Transparent. First and foremost essential differences were explicit in view of the practical education as well as the exercise of the occupation and the financing of occupational therapeutic services.

In the section of the project therefore the field of the practical education, which is so formative for the further professional career of occupational therapists, is in the focus of the work of the EUPRAC team. It is the objective to elaborate a common EUPRAC practice curriculum, which provides the students and university students with the option to complete practical work phases under occupation-related condition also in other countries and thus gather important experiences regarding the occupational related experiences and to achieve personal competences (intercultural competences, mobility competences) for their further occupational career. They should be able to find their chances and perspectives at the European labour market.

As already mentioned in points 3, further important components of the practice curriculum will be, amongst other items:

- catalogues comprising learning contents and learning objectives for the practical education in the respective areas of deployment,
- expectation profile of the institutions for the practical work phase towards the participants in the practical work phase,
- assignment within the practical work phase and important accompanying documents,
- assignment of tasks concerning the tuition accompanying the practical work phase,
- criteria for the assessment of the students.

The practical testing and evaluation of the EUPRAC curriculum will be done in the frame of tandem practical work phases. The tandems consist of students and university students of the participating project partner institutions; within to echelons, the students will complete common practical work phases of an extent of four weeks each in the private practices for occupational therapy of IBKM Praxismanagement [practice management] GmbH. Thereby the practical efficiency of the developed EUPRAC curriculum will be verified directly in the fields of deployment of occupational therapists and adapted to the practical demands. This secures the quality and supports the sustainable utilisation by educational institutions and health institutions at the European market.

As an essential long-term objective of the EUPRAC project, the approval of the curriculum in the respective national and European educational structures as well as the integration in existing educational courses and courses of study, respectively, shall be achieved.