



# The Official Gazette A

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Ministerial Order on the Bachelor's Degree Programme of Physiotherapy

Pursuant to Section 22 of the Act on Academy Profession and Bachelor Degree Programmes in Physiotherapy cf. Consolidation Act no. 1147 of 23 October 2014, as amended by Act no. 633 of 12 May 2015, and Section 15 and Section 59 of the Act on Authorisation of Healthcare Professionals and of Professional Healthcare Activity, cf. Consolidation Act no. 877 of 4 August 2011, and after negotiations with the Minister for Health and the Elderly, it is hereby established that:

## Part 1

### *Purpose*

1. The purpose of the Bachelor's Degree Programme of Physiotherapy is to qualify the graduate to independently manage, provide and coordinate patient and citizen-centred physiotherapy via evidence-based practice. The graduate provides services to the Danish healthcare sector, adopts a global perspective and aims to promote, optimise, maintain and restore functions, health and quality of life for citizens through all phases of life. The graduate possesses the competencies to participate in research and development work and the qualifications to participate in theoretical and clinical continuing and further education study programmes.

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

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

2. On successful completion of the programme, graduates are entitled to use the title *Professionsbachelor i fysioterapi* or Bachelor of Physiotherapy, in English.

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

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

## Part 2

### *Duration, structure and organisation*

3. The educational institution that provides the study programme is responsible for the programme in its entirety. One student FTE is equivalent to a year of full-time study, and is equivalent to 60 ECTS credits.

(2) The educational institution and the organisation that provides the work placement site (clinical training site) work together at all levels in order to ensure coordination between the theoretical teaching and the work placement (clinical training). The educational institution is responsible for ensuring that the co-operation is established and maintained. The co-operation between the educational institution and the work placement institution must be described in mutually binding agreements, which are written together and published on the institution's website.

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

(4) The work placement site (the clinical training site) is responsible to the educational institution for the implementation of the work placement (the clinical training) in accordance with guidelines laid down by the educational institution.

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

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

- 1) Work placement (the clinical training) is defined as the part of the programme where the physiotherapy student is in direct contact with healthy or diseased individuals and/or groups and learns to plan, provide and assess physiotherapy.
- 2) The work placement (clinical training) takes place under supervision in an institution run by either the national government or a regional or local authority, including clinics, or in a private or another appropriate institution under supervision and guidance.
- 3) To a limited extent - as preparation for contact with patients, for example – some elements of the work placement (clinical training) may take place in a skills laboratory or simulation laboratory. However, they may not directly replace contact with the patient in the clinical department or institution.

4 The programme is full-time and equivalent to 210 ECTS credits, of which 20 ECTS credits consist of elective elements, 20 ECTS credits consist of interprofessional elements and 20 ECTS credits consist of a bachelor project. A student full-time equivalents is

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

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

(2) The programme covers the following subject areas:

- 1) Health science subjects, equivalent to 145 ECTS credits.
- 2) Natural science subjects equivalent to 40 ECTS credits.
- 3) Humanities subjects, equivalent to 15 ECTS credits.
- 4) Social science subjects equivalent to 10 ECTS credits.

**6** The programme includes the following compulsory themes during the first two years:

- 1) Physiotherapy, Profession, Science and Learning, equivalent to 10 ECTS credits.
- 2) Basic Physiotherapeutic Examination and Reasoning, equivalent to 20 ECTS credits.
- 3) Physiotherapeutic Intervention with Focus on Analysing Movement and Adapting Physical Activity, equivalent to 20 ECTS credits.
- 4) Basic Physiotherapeutic Examination, Reasoning and Diagnosis, equivalent to 10 ECTS credits.
- 5) Physiotherapeutic Examination and Clinical Reasoning, Diagnosis, Treatment and Rehabilitative Training, equivalent to 20 ECTS credits.
- 6) Physiotherapy in Health Promotion and Disease Prevention, equivalent to 10 ECTS credits.
- 7) Physiotherapeutic Clinical Reasoning and Decision-making in Treatment, Rehabilitative Training and Rehabilitation, equivalent to 30 ECTS credits.

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

(2) The common part must describe the following:

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

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

8) Part 3

*Examinations,  
etc.*

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

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

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

(4) Otherwise, the Ministerial Order on professional oriented Higher Education programme applies.

Part 4

*Other  
regulations*

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

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

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

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

**11** The rules concerning professional bachelor study programmes contained in the Ministerial Order on Academy and professional Bachelor Programmes and Professional Bachelor Programmes, except the requirements regarding the common part of the curriculum.

Part 5

*Date of  
commencement,  
etc.*

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

(2) Ministerial Order no. 831 of 13 August 2008 on the Bachelor's Degree Programme of Physiotherapy is hereby repealed.

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

under the ministerial order mentioned in (2) until the summer of 2019, cf., however, (4).(4) The educational institution may make transitional arrangements so that students who enrolled on the Physiotherapy study programme before 1 August 2016 must complete the programme under the rules set out in this ministerial order.

## Objectives for learning outcomes for the Bachelor's Degree Programme of Physiotherapy

## Appendix 1

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

### Knowledge

The graduate:

- 1) is able to understand and reflect on the body's structure and function from a biopsychosocial perspective,
- 2) is able to reflect on physiotherapeutic examination, treatment and health promotion on the basis of physiotherapeutic theory and methodology in the field of physical activity, movement and manual methods,
- 3) Possesses knowledge of the side-effects of medicines, which lead to contra-indications or special precautions for the use of forms of physiotherapeutic examination and treatment.
- 4) possesses knowledge of basic concepts in relation to health work based on a biopsychosocial perspective and the structure of the health systems
- 5) is able to understand and reflect on health-policy and economic structures in relation to public health in a national, international and global perspective,
- 6) possesses knowledge of, and is able to reflect on, the profession's use of information and communication technology, as well as the impact of technology.
- 7) possesses knowledge of, and is able to understand and reflect on, targets set for citizens and patients, and is able to participate in interprofessional and intersectoral collaboration on care,
- 8) possesses knowledge of, and is able to reflect on, the legal framework and ethics for independent professional practice and is able to reflect and act professionally in relation to these,
- 9) possesses knowledge of, and is able to understand, innovation as a method to change practice, and is familiar with simple implementation methodologies in relation to health promotion, disease prevention and treatment
- 10) possesses knowledge of, and is able to reflect on the application of, communication theories and methods, and understand the communicative significance in relation to dialogue and forging relationships,
- 11) possesses knowledge of methods and standards for quality assurance, patient safety and quality enhancement, and is able to reflect on their use,
- 12) possesses knowledge of, and is able to reflect on, their own practice, as well as their profession's duties and responsibilities, in an organisational, administrative and social perspective and as part of the wider health service,
- 13) possesses knowledge of the priorities for deploying professional resources under the prevailing framework conditions in the health service,
- 14) possesses knowledge of, and is able to reflect on, the theory of science, research methods and models for evaluation, quality assurance and quality enhancement, as well as relating this knowledge to research and development work in professional practice.

## Skills

The graduate is able to:

- 1) apply theory and methods in health pedagogy/psychology, movement analysis, examinations of functions and examinations of tissues and justify the use of this in relation to anatomical structures, physiological and biomechanical factors as well as knowledge of pathology, neurophysiology and health and disease concepts,
- 2) apply and assess selected clinical measurement methods in relation to diagnosis, classification and prognostic factors and changes over time,
- 3) analyse, assess and diagnose movement and function in collaboration with the citizen/patient and in relation to health and quality of life,
- 4) assess and justify the examination, analysis, intervention and evaluation methods used by physiotherapy in health promotion, disease prevention and habilitation and rehabilitation, including treatment and rehabilitative training,
- 5) apply and master methods for the assessment of forms of physical strain and psychosocial factors in co-operation with the citizen and the patient including occupational health and safety and ergonomic factors, as well as dissemination of knowledge about these,
- 6) use testing and screening as well as diagnostic and prognostic reports and treatment of dysfunctions in systems related to musculoskeleton and physiology as well as pain and psychosomatic issues,
- 7) in co-operation with the citizen, assess the need for assistive devices and health-technology solutions to support and promote the citizen's opportunities for movement and function as well as participation in society,
- 8) work independently and professionally on the basis of a citizens' perspective and with citizen and patient-centred services, which respect the autonomy and dignity of the individual,
- 9) master and apply situation-specific and professionally relevant communication, guidance, advice and reports on care of citizens and patients in professional practice and in interprofessional collaboration,
- 10) master interprofessional and intersectoral collaboration in a range of types of citizen and patient care and contexts,
- 11) use professionally relevant information, communication and health technology that incorporates thinking about the citizen's own resources to the greatest possible extent,
- 12) use, assess and justify methods and described standards for quality assurance and enhancement,
- 13) master relevant study and working methods both to search for, assess and interpret empirical evidence, theory and research methods, and to initiate and participate in innovation, development and research work.
- 14) master the art of continuous development by regular critical reflection and implementation of new knowledge generated in health-science research as well as in the profession's clinical research,

## **Competencies**

The graduate is able to:

- 1) work independently with, and take responsibility for, the implementation, dissemination of knowledge and management of reports, diagnosis, treatment and rehabilitative training, health promotion, health optimisation, disease prevention and rehabilitation,
- 2) independently work with professional and research-based knowledge in professional contexts and follow, use and participate in research and development work in interprofessional and physiotherapy areas in both the public and private sector,
- 3) independently conduct professional assessments in unique and complex situations and, in collaboration with other healthcare professionals, contribute toward the efficient and safe use of social resources via evaluation, documentation and quality assurance,
- 4) independently manage and develop new areas of activity in relation to society and health that support entrepreneurship as well as health-technology and citizen-driven development in the public and private sectors,
- 5) independently enter into situation-specific therapeutic relations with citizen-centred services – based on current ethical guidelines, patient safety, as well as requirements for record keeping and identify and work with the ethical dilemmas that arise when practising the profession,
- 6) independently identify citizens with a need for help with nutrition and via interdisciplinary collaboration with nutritionists draw up holistic rehabilitation plans,
- 7) independently assume responsibility as co-ordinator and manager in health implementations and interventions in practical treatment, health promotion, prevention and rehabilitation,
- 8) adapt to new situations and adopt an innovative approach to decision-making and solutions individually and in collaboration with citizens and other partners,
- 9) develop own knowledge and skills via lifelong learning,
- 10) independently use and integrate national and international research-based literature and results and integrate them into professional practice and development,
- 11) independently work with, and communicate in various contexts, in equal, dialogue-based and value-generating relationships with citizens, patients, relatives and interprofessional partners,
- 12) independently work with, and take part in and coordinate, interprofessional and intersectoral collaboration, and, on the basis of a holistic perspective, support citizens and patients as key, active stakeholders in individual care packages,
- 13) work with, and assume responsibility for, technology, including information and communications technology, relevant to the profession in the relevant context,
- 14) work with, and assume responsibility for, quality assurance and enhancement,
- 15) demonstrate personal professional responsibility, and keep up-to-date by identifying and understanding their own learning processes and developmental needs.