

# National regulations relating to a common curriculum for health and social care education

## Section 1 Scope and purpose

The regulations apply to universities and university colleges offering health and social care education and which are accredited pursuant to Sections 1.2 and 3.1 of the Act relating to Universities and University Colleges.

The regulations shall, together with national guidelines for individual programmes, define the national framework for health and social care education.

The purpose of these regulations is to ensure that higher education institutions offer practice- and research-based health and social care education of a high academic quality and relevance. The regulations shall, together with the guidelines, ensure that Norwegian health and social care education is distinguished nationally and internationally as qualitatively good and as professional higher education. They shall, together with the guidelines, ensure that education complies with the standards and criteria applicable to health and social care education and with national and international regulations, that it provides international perspective, and that it meets society's present and future skills requirements.

The regulations shall, together with the guidelines, ensure that institutions make provision for cohesive health and social care education with connectivity between subjects, courses, theory, and practice, as well as teaching methods and student assessment.

## Section 2 Common learning outcomes

The learning outcome descriptors should be in line with the National Qualifications Framework for Lifelong Learning. On completion of their health and social care education, graduates should have achieved the following learning outcomes.

Graduates should:

- 1) *be able to identify, reflect upon, and manage ethical issues in their practice*
- 2) *have knowledge of diversity and inclusion and equal opportunity and non-discrimination, regardless of gender, ethnicity, religion or life stance, disability, sexual orientation, gender identity, gender expression, or age, which enables them to provide comparable services to all social groups*
- 3) *have relationship, communication, and supervisory skills which enable them to understand and interact with users, patients, and relatives. Furthermore, graduates should be able to advise users, patients, relatives, and relevant persons undergoing training, coping, and change processes.*
- 4) *be able to interact across disciplines, professions, and sectors, and across establishments and levels, and should be able to initiate such interaction*
- 5) *have knowledge of and comply with health and social care policies, and be able to apply up-to-date knowledge regarding the health and welfare system, legislation, regulations, and supervisory bodies in their practice. Graduates should also be*

*familiar with Sami rights and have knowledge and understanding of the status of the Sami as an indigenous people.*

- 6) *understand the relationships between health, education, work, and living conditions, and be able to apply this understanding in their practice towards individuals as well as social groups in order to contribute to good public health and work inclusion*
- 7) *have knowledge of health and social issues, including child neglect, violence, abuse, and drug and socioeconomic issues, and be able to identify and follow up individuals with such challenges. Graduates should be able to put in place the necessary measures and/or treatment, or refer as required.*
- 8) *be able to assess the risk of undesirable events and be familiar with the methods for the systematic follow-up of such risk*
- 9) *have knowledge of children and young people and, as practitioners, should be able to take care of their needs in terms of treatment and/or services, ensure their participation, and safeguard their rights*
- 10) *be able to acquire new knowledge and carry out professional assessments, decisions, and actions in line with knowledge-based practice. Graduates should also be able to document and communicate their professional knowledge.*
- 11) *be familiar with new thinking and innovative techniques and be able to contribute to innovative practice and systematic and quality-enhancing work procedures*
- 12) *have digital competence and be able to contribute to the development and use of appropriate technology at both individual and system levels.*

### **Section 3 Practice placement**

When selecting practice providers, the higher education institutions should ensure that relevant learning situations, knowledge-based services, and qualified supervisors are offered. The higher education institutions are responsible for following up students on practice placements and should remain updated on the practice provider's issues and be involved with pedagogical matters, including the planning of learning activities, supervisor methodology, assessment of suitability, and evaluation. The practice provider is responsible for the daily instruction and follow-up of students, and should ensure that practice supervisors are normally of the same profession as those being supervised. This applies where it is normal within the practice placement concerned. Practice supervisors should have relevant professional knowledge and should, as a rule, have formal supervisory qualifications.

The higher education institutions should enter into cooperation agreements with practice providers. The agreements should regulate responsibilities, roles, practice placement capacities, competencies, and cooperation arenas at all relevant levels, and may also regulate research cooperation, development, and innovation.

### **Section 4 National guidelines**

The Ministry of Education and Research shall ensure that national guidelines are established for health and social care education.

The guidelines should contain a definition of purpose, learning outcome descriptors in line with the National Qualifications Framework, and requirements for the development of

courses for individual programmes. The guidelines may also stipulate requirements for the practical component of programmes.

The guidelines should guide an institution's educational work. There should be scope within the guidelines for professional development, innovation, and local adaptation at individual institutions.

The Ministry of Education and Research is appointing programme groups to encourage proposals for guidelines and guideline revisions. A programme group will be appointed for each individual programme. The programme groups should comprise representatives from education, the health and welfare services, student bodies, and research communities, where appropriate. The programme groups should create a dialogue with relevant user groups concerning the guidelines.

## **Section 5 Entry into force and transitional arrangements**

The regulations shall come into force immediately and apply from the start of the 2020/2021 academic year.

Students following the:

- National Curriculum for Child Welfare Education laid down in 2005
- National Curriculum for Bioengineering Education laid down in 2005
- National Curriculum for Occupational Therapy Education laid down in 2005
- National Curriculum for Physiotherapy Education laid down in 2005
- National Curriculum for Radiography Education laid down in 2005
- National Curriculum for Social Work Education laid down in 2005
- National Curriculum for Nursing Education laid down in 2008
- National Curriculum for Social Educator Education laid down in 2005

are entitled to take examinations in accordance with the above until 31/12/2023. The aforementioned national curricula will be withdrawn from that date on.

Universities and university colleges offering these programmes may, however, continue to offer examinations in accordance with the aforementioned national curricula until 31/12/2025.