

The Second “Five Year Strategy for Occupational Therapy (2013–2017)”

Introduction

The Japanese Association of Occupational Therapists (hereinafter collectively called, “JAOT”) developed long-term plans as the guidelines and action plans for JAOT activities. The first long-term action plan in 1983, the second plan in 1991, and the third plan in 2001 were to be implemented within the 10-year target period. However, the strategy period was shortened to five years when the third long-term action plan (2001–2010) was revised at its 2006 midterm review because:

1. Most of the strategy was achieved.
2. A 10-year period is too long for the related measures in the rapidly changing society in Japan.

Therefore, the plan was modified and formulated to keep pace with the rapidly changing situation in occupational therapy.

As a result, we changed the plan name and formulated a “Five Year Strategy for Occupational Therapy” in 2008. Although fiscal year 2012 was the last year of the strategy, the board of directors judged that the efforts on “Promoting support to move into the community—OT 5.5(Go! Go!) Plan” need to be continued.

Therefore, we devised a plan that extends the basic concepts and goals of the “Five Year Strategy for Occupational Therapy (2008–2012).” This plan created the framework for an “Integrated Community Care System,” which the government hopes to realize by 2025 when the new midterm action plan is designed.

We named the strategy as “The Second Five Year Strategy for Occupational Therapy (2013–2017)” (hereinafter called “this plan”), and revised the focused slogan to “Promoting support to move into the community and continue community living—OT 5.5 (Go! Go!) Plan.” We also continued using the same logo and character. The mascot is a turtle which seems too slow to keep pace with the rapidly changing society. However, the animal has been regarded as “the fundamental creature that supports the world” since ancient times. It reflects our inclination to persevere and pursue our roles with the symbol of wisdom that warns us against indiscretion.

June 20, 2013

Japanese Association of Occupational Therapists

President: Haruki Nakamura

Chapter 1. Concerning the plan formulation

I . Objective of this plan

This plan was formulated by combining “Promoting support to move into the community—OT 5.5 (Go! Go!) Plan,” the focused slogan of “Five Year Strategy for Occupational Therapy (2008–2012)” formulated by JAOT in 2008 with the newly added slogan, “Promoting support to continue community living.” This created the new slogan, “Promoting support to move into the community and to continue community living—OT 5.5 (Go! Go!) Plan.” This provides direction for five years from 2013 to 2017. This plan was also formulated to keep pace with the government, which has just begun framed an “Integrated Community Care System” that is to be realized in 2025.

In the meantime, this plan has been divided into two terms: former and latter. We will review the progress of every particular item over three years of the initiation and re-examine pertinent details as necessary.

II . Composition of this plan

This plan set “Promoting support to move into the community and to continue community living” as one large goal for the entire five years’ duration. The specific action goals toward the achievement of this goal consisted of 86 items, including the centerpiece. These 86 items are shown in Table 1.

III. Background of the JAOT action plan formulation

In 1983, the JAOT created the first long-term action plan. Since then, the JAOT formulated the second long-term action plan in 1991 and the third long-term action plan in 2001 to center action. JAOT set approximately ten years for each implementation period. When the third long-term action plan (2001–2010) was reviewed in 2006, the board of directors discussed its implementation period for the next plan’s formulation. As a result, it was judged that the plan needed to be shortened from ten years (long-term) to five years (midterm) to keep pace with the rapidly changing medical system, long-term care insurance, and institutions for people with disabilities in our country. This plan set 144 specific action goals to shift half of the occupational therapists to focus on hospital treatment and other half to the community environment including health, welfare, and education.

The formulation of the next midterm plan was discussed at the fourth board meeting held on July 21, 2012 (the final year). Reviewing the achievement status of the “Five Year Strategy for Occupational Therapy (2008–2012),” we concluded that we needed to

maintain the same strategy the next five years. We named the new midterm plan “The Second Five Year Strategy for Occupational Therapy (2013–2017).” The specific action goals stated in this plan indicate the projects JAOT must particularly emphasize the next five years. Needless to say, they will be implemented in parallel with several regular activities necessary to the development of the seven projects established by the articles of association.

Chapter 2. Action plan

I . Current issues and measure development for this plan in our country

1 . Issues and measure development in the fields of health, medical, and nursing care

As is globally well known, our society is super-aging. It is estimated that the total elderly Japanese population will be 89 million, 930 thousand; the population ratio of the elderly (over 65 years old) will be 33.7% (one in three) in 2035 and 40.5% (one in 2.5) in 2055. In order to tackle this national issue expected to hit Japan in the next 30 years, the government created a national goal to realize an “Integrated Community Care System” in 2025. The framework of the integrated community care system was stipulated in “The Report on the Conference about Integrated Community Care—Summary of Issues for Future Investigation” (Conference about Integrated Care: Research reports on the projects including elderly healthcare and health promotion in 2008 and 2009). The point of this plan was to develop the framework foundation of life supports including habitation, medical care, and nursing care and prevention within the daily living area (the junior high school district in particular) to provide the necessary services in an integrated manner within 30 minutes of one's residence. In addition, this report stated, “In 2025, it is estimated that the population above 75 years of age in metropolitan areas will keep growing while the overall population remains the same. Both the entire and aged population will continue declining in rural areas; there are also other areas in-between. As the senior-citizen status become more multifaceted, the regional differences in aging acceleration among these areas will become larger. Taking these issues into consideration, we need to tackle this problem considering the wide range of elderly demands and each area's characteristics.” This fits our current circumstances.

Furthermore, foundation of the framework for support for the increasing numbers of elderly with dementia has become a particularly urgent issue. The government estimates that the population of the elderly with dementia will be 4.7 million in 2025. In this circumstance, the government is trying to preparing the support system. It declared several projects: “The report on an urgent project to improve medical care for dementia and quality of life (Ministry of Health, Labour and Welfare, July, 2008)”; “Concerning the future direction for dementia measures (Ministry of Health, Labour and Welfare, Project Team to review dementia measures, June 18, 2012)”; and “Five year plan to promote dementia measures (Orange Plan 2013–2017)” (Ministry of Health, Labour and Welfare, Elderly

Health and Welfare Bureau, Division of Elderly Support, Office of Dementia and Abuse Prevention Promotion, September 5, 2012).

As for medical treatment, each prefecture will create a medical plan to address the medical system concerning “Five diseases, five projects, and/or home care” as from 2013 as stated in “Medical system concerning disease, projects and/or home care (M.H.L.W. Health Policy Bureau No.0330-09)” in March 30, 2012. Cancer, stroke, acute cardiac infarction, and diabetes were called the four major diseases, but mental disorders were added and became the five major diseases. In the guidelines for the medical system foundation for mental disorders, support for “depression” and “dementia,” multi-disciplinary team support, and/or outreach are also stated.

2 . Issues and measure development in education and welfare for people with disabilities

Each community is facing the issues of not only of elderly support, but also support for the children and persons with disabilities who are living in the community in the super-aging society.

Concerning education, consistent support systems will be prepared for the infants, children, and students who need special care based on “Concerning special education in 21st century—Concerning special support to meet individual needs—(final report)” (Conference of the collaborators for the research and study on special education in 21st century) announced by the Ministry of Education, Culture, Sports, Science and Technology in January 2001. Many approaches have been implemented since this final report and the Program for the Comprehensive Promotion of Special Support Education is currently in progress. This project has two main branches. One of them is the implementation of practical study and dissemination of accomplishments for the promotion of special support education. The other is the preparation of a system to promote special support education. In particular, the latter aims for integrated promotion of special support education and enhancement of the job assistance system for high school students with developmental disabilities. It does so through enhancing the mentorship and consultation of the school enrollment consultation coordinator, utilizing patrol by outside experts, training each teacher for diverse needs, and utilizing students’ care workers to support all of the infants, children, and students who have disabilities including developmental ones. All 47 prefectures were identified to promote special support education development. With this background, each

prefecture and municipal education committee mobilized.

This special support education promotion is not only within our education measure but also is stated in the “Five Year Plan for the Priority Measures” based on “Basic Programme for Persons with Disabilities” and identified across measures. This program will be one of the supports for the children who are living in the community in a super-aging society.

Many measures were implemented based on the “Basic Programme for Persons with Disabilities.” The “Basic Plan for Persons with Disabilities” was scheduled for promotion during the 10 years from 2003 to 2012. The “Five Year Plan for the Priority Measures” focused on the issues for the five years from 2008. In addition, the Cabinet propounded “Reform Promotional Headquarters for Institutions for Persons with Disabilities” in December 2009. The “Basic course for the reform promotion of institution for persons with disabilities” was approved in the Cabinet meeting in June 2010. The preparation necessary to develop the Agreement for the Rights of Persons with Disabilities (tentative name) began. Like these examples, there were several moves in additional measures. Recently, “Services and Supports for the Persons with Disabilities Act” (enforced in 2006) was reformed and enforced as the “Act for total support of the daily and social life of people with disabilities (Services and Supports for Persons with Disabilities Act)” on April 1, 2013. Intractable diseases were added to the coverage of children and adults with disabilities; the target for support for movement to community was enlarged and the project to support community living was also added.

The close municipal community area will enforce this movement. Active operation of the Regional Self-support Promotion Committee and formulation and implementation of government programs for persons with disabilities and their welfare are consecutive issues. In this respect, we will be facing the problem of resolving the support of movement into the community and continue community living in a super-aging society. It is necessary for the community to understand and cooperate with job assistance for people with developmental disabilities, graduates of special-needs schools, and people with mental disorders. It is a major issue for each community to promote continuous and integrated support for each measure of education, welfare, and employment. These are the main issues as is stated in “About issues and its future countermeasures of business skill development measures for the disabled” (Ministry of Health, Labour and Welfare, Committee for the Promotion of Business Skill Development for the Disabled) in July 2012.

II. Centerpieces and specific action goals for this plan

1. Centerpieces

This plan extracts 15 centerpieces corresponding to particular issues faced by communities from the 86 specific action goal items based on measure development. We will promote efforts focused on these centerpieces. Framework foundation is based on the premise that making the best use of social and human resources in each community is necessary. We also need to recognize that occupational therapists are included as a community resource.

In the specific action goals, we stated “Strengthening the role of occupational therapy in integrated community care” in the fields of health, medical care, and nursing care and “Support for movement into the community and continue community living in education and welfare for people with disabilities” to promote the effort of “Movement into the community and continue community living.” Furthermore, we set specific items corresponding to each goal (Figure 1).

Strengthening occupational therapy’s role in integrated community care for health, medical care, and nursing care

Manifestation of occupational therapy’s role in the “Integrated Community Care System” in 2025 (28)

Establishment of academic evaluation and dissemination of management to improve daily performance

Evaluation of management to improve daily performance in The Occupational Therapy Guideline (1)

Publication of evaluation of occupational therapy in management to improve daily performance (11)

Presentation and dissemination of the application of management to improve daily performance to the prevention project (41)

Placement of occupational therapists in more than half of the Area Comprehensive Support Centers (29)

Publication of the manual on support for community living (10)

Concerning efforts for dementia

Promotion of occupational therapists’ participation on integrated support teams for early dementia (31)

Intensive implementation of integrated support team training for early dementia (25)

Planning and creation of DVD about dementia (59)

Support for movement into the community and continue community living in health, education, and welfare for persons with disabilities

Approach and promotion of occupational therapists' role in participating in school education (44)

Recommendations and requests about occupational therapists' applications related to educational laws (45)

Create and implement an occupational therapist training program for education (46)

Intensive implementation of training for multi-disciplinary teams for psychiatric service (outreach team for psychiatric service; 26)

Presentation of practical job assistance accomplishments by occupational therapists and support models and academic exchanges with related associations (36)

Manifestation of occupational therapists' roles in support of reinstatement and job assistance for persons with disabilities (37)

The numbers in (parentheses) mean the number for the specific action goal.

Japanese Association of Occupational Therapists

Figure 1. "The 2nd Five Year Strategy for Occupational Therapy" Centerpieces

2. **Specific Action Goals**

Specific action goals for 86 items including the centerpieces were created to correspond to each large category of projects defined in the fourth clause in the Article.

(1) **Projects about academic development of occupational therapy (7)**

○Concerning specialty standards for occupational therapy clinics

- 1 . Create guidelines based on the evaluation of management to improve daily performance and a policy for guideline implementation
- 2 . Create guidelines for each disease
- 3 . Amend “occupational therapy” as defined by the Japanese Association of Occupational Therapists

The “Guideline Implementing Policy for Occupational Therapy” was published in 2013, and the words and concepts related to management to improve daily performance and its explanation were listed in it.

In the guidelines for each disease, the major diseases including strokes, cerebral palsy, schizophrenia, and dementia are listed at the beginning; they will be reviewed and expanded as needed. For development, we will provide guidance for verifications and procedures including main observations, treatment, instruction, and assistance setting appropriate occupational therapy provision in practice as the goal, taking occupational therapy diversity into consideration.

JAOT defined occupational therapy as follows: “occupational therapy is the treatment, instruction, and support for people with physical and/or mental disabilities or those who are expected to develop them to help them acquire independent living by using occupational activities to promote recovery, maintenance, and/or development of each function” (The 20th board meeting, 1985).”

The “International Classification of Impairments, Disabilities, and Handicaps (ICIDH)” declared by the World Health Organization (WHO) in 1980 was the background for this definition. However, WHO adopted the “International Classification of Functioning, Disability, and Health” in 2001 with changes in the concepts of disabilities and health. The World Federation of Occupational Therapists (WFOT) also announced an occupational therapy definition focused on “involvement in activity” in 2004. Japan also again emphasized “meaningful occupation” for each individual. As shown in “management to improve daily performance,” practices focused on “involvement in activity” and “support for community living” became necessary. Given this current situation, we will amend JAOT’s definition of “occupational therapy” to promote further client active participation.

○Concerning academic development

- 4 . Promote a study project specializing in community living support

5. Indicate occupational therapy's role and function through analysis of registered case reports
6. Complete and operate an academic database consisting of research articles and conference subjects
7. Review the application method to the rehabilitation database

In order to show occupational therapy's role in community living support, we will promote a study project specializing in community living support. While accumulating evidence for occupational therapy, we will abstract useful reports on occupational therapy practice from the registered cases and post them in the journal. We will also tally and analyze basic registered case information annually and report occupational therapy's roles and functions in pre-emptive medical care of dementia, community living support, forensic mental health, job assistance, and home visits consistent with the JAOT's intention. In tandem with this, we will post research papers of the academic journal "Occupational Therapy" to CiNii (Citation Information by NII) through NII-ELS (National Institute of Information Electronic Library), register and publish them at Medical Finder (by Igaku-Shoin Publishing), and create a congress title search system directly from the JAOT official website after CD-ROM compilation (2006). Combining these systems with the case report registration system, we will complete an academic database available for members to search and use research at no charge. Furthermore, we will consider application of the "Rehabilitation Database" which the Japan Association of Rehabilitation Database (JARD, <http://square.umin.ac.jp/JARD/index.html>) has been using since 2012.

○Concerning the academic conference's organization and management

8. Consider the entire academic conference concept in the future regarding internationalization, specialization, and interdisciplinary cooperation
9. Consider the entire promotion of an international academic exchange concept

As the number of members and participants in the Japanese Occupational Therapy Congress & Expo (4,000–5,000 participants) increases, it is becoming difficult to manage the separate prefectural association academic conferences. Therefore, the Congress Steering Committee of the Science Department will play a key role in planning the conference. It will outsource most of the operation management to decrease the burden of each prefectural association's members for the 50th

Japanese Occupational Therapy Congress & Expo in 2016. The venue is routinely hosted by six or seven major Japanese cities that can provide large conference rooms. The conference president selection method, Program Committee member selection methods, and the cooperative relationships with the Prefectural Association of Occupational Therapists (PAOT) and the Committee for PAOT Affairs Arrangement will be considered. As for the entire academic conference concept in the future, we will continue to discuss internationalization, specialization, and interdisciplinary cooperation.

In the meantime, we held an International Symposium by the International Affairs Department annually during the 16th International Congress of the WFOT held in Yokohama, but we continued holding the symposium during the conference to promote international exchange of occupational therapists after 2015 as well. We will also prepare support systems for foreign occupational therapists focused on the neighboring Asian countries to enable them to present at the Japanese Occupational Therapy Congress & Expo.

JAOT currently has an agreement with the Korean Association of Occupational Therapists for international academic exchange and cooperation. However, the only specific activity for academic cooperation is currently limited to academic papers. While considering the entire future concept of academic cooperation, we will consider the possibility of international exchange with neighboring Asian countries by cooperating with the Science and International Affairs departments.

○Concerning academic document preparation and collection

10. Publish a manual about community living support
11. Indicate the evaluation of “management to improve daily performance” in occupational therapy and publish it on an official website

We will prepare an occupational therapy manual concerning community living support for clients such as “management to improve daily performance” and job and school enrollment assistance. In addition, the Science Department will be involved in research projects to determine the terms and concepts for “management to improve daily performance.” After that, we will prepare the documents to explain the evaluation of “management to improve daily performance” in occupational therapy and publish it on JAOT’s official website for other professionals and the general public.

○Concerning the editing of English academic journals

12. Improve the system for reviews and editing to increase journal publications several times a year.

We will promote contributions to the Asian Journal of Occupational Therapy, one of JAOT's academic journals, and aim to publish it semiannually. Moreover, we will outsource some management work to improve the review and publication system. We will also register with PubMed Central (PMC; National Library of Medicine) and publish them for free to a global readership to promote international academic exchange.

(2) Projects for occupational therapy skill improvement

○Concerning the occupational therapy pre-qualification education system and standards

13. Submit draft revisions of “The rules for schools and training facilities and/or its teaching guidelines” to the Medical Ethics Council
14. Cultivation of guidelines for occupational therapy education
15. Improve the training workshop for teachers to increase participants and promote entrenchment
16. Increase the common awareness and penetration of a recognition system for clinical training educational facilities and clinical training instructors' training programs.

National review of “The rules for schools and training facilities for physical and occupational therapists” (hereinafter collectively called “rules”) and “The teaching guidelines of training facilities for physical and occupational therapists” has not been completed since March 1999 (Heisei 11). We will submit the draft revision of rules and/or teaching guidelines including the promotion of a four-year educational system to train occupational therapists who can manage community issues. In the meantime, we will cultivate guidelines for occupational therapy education that promote movement into and continuous support for community living.

Furthermore, we will improve training workshops for teachers to develop frameworks that ease the participation of training programs in communities by cooperating with prefectural associations. In order to improve clinical training

quality, we will increase public awareness and penetration of a recognition system for clinical training educational facilities and clinical training instructors' training programs.

○Concerning the national examination

17. Review the question standards for the national examination

We create and submit an opinion brief on the national examination questions and review the question tendencies annually. We will continue this work while investigating, scrutinizing, and reviewing the question standards for the national examination and preparing draft revisions as necessary.

○Concerning the post-qualification education system

18. Promote the streamlining and penetration of a post-qualification education system including the introduction of review of qualification recognition.

19. Expand the field of specialized occupational therapists.

20. Enforce cooperation with graduate education for training specialized occupational therapists.

21. Complete the third development of a course enrollment system for post-qualification education.

22. Consider the configuration and/or utilization methods for authorized occupational therapists.

23. Streamline and improve the foundation of basic training.

It has been ten years since the current system was developed and 2013 became the revision year. In order to improve the quality of occupational therapists, we will introduce an examination system for the post-qualification education system. For the specialized occupational therapists' system, we will specify one field yearly. As for implementation, we will enhance cooperation with graduate education to guarantee training efficiency and quality. In the meantime, we will promote IT introduction including the digitalization of the post-qualification education pocketbook and membership cards and completion of system construction to simplify course enrollment, reception, and registration. For the authorized occupational therapists' system, we will consider the entire concept of recognition of qualifications and their utilization method. For basic trainings, we will enhance cooperation with each prefectural association to streamline the

framework for improvement.

○Concerning occupational therapy trainings

24. Create the framework to coordinate the frequency of training workshops consistent with the accomplishment of the training purpose.
25. Focus on training workshop implementation on the integrated support team for primary dementia for two years.
26. Focus on training workshop implementation on multi-disciplinary teams for psychiatry (Reach Out Team) for two years.
27. Consider outsourcing training workshop operations.

We will focus on the training workshop implementation as an immediate societal issue and send a message about the benefits of occupational therapists. In the meantime, we will consider outsourcing training workshop operations and propose reducing the incidence and improving the efficiency of these operations.

(3) Projects about promoting effective utilization of occupational therapy

○Concerning occupational therapy in medical and long-term care insurance.

28. Consider the entire concept of rehabilitation by the Integrated Community Care System in 2025 and demonstrate occupational therapy's role.
29. Aim to station half of occupational therapists in Area Comprehensive Support Centers.
30. Streamline the system to provide holistic disease and disability services so occupational therapy becomes effective under the healthcare system.
31. Promote occupational therapists' participation for the primary dementia integrated support team.
32. Consider the contents, editing, and publishing of guidelines for medical insurance, long-term care insurance, and welfare for people with disabilities' systems that involve occupational therapy.
33. Implement timely investigation categorizing function, disease, and occupation and report results to comprehend the current situation of occupational therapy under each system.

We will consider the entire concept of rehabilitation and occupational therapy in a

comprehensive support system. For example, we will consider and seek: improvement of acute phase rehabilitation in secondary emergency medical facilities, community cooperation enforcement, transition from the occupational therapists stationed at health stations to the foundation of home-visit rehabilitation stations, proper personnel arrangement for geriatric health services facilities, ambulatory rehabilitation, home-visit rehabilitation, and short-stay rehabilitation.

We will also aim for job title postscripts for branches, such as major cardiovascular rehabilitation, internal disease rehabilitation (such as lymphedema), and a newly developed rehabilitation technology branch for palliative rehabilitation. We will also station occupational therapists on the primary dementia integrated support teams, which have a high possibility of being placed or combined with area comprehensive support centers.

In order for members to better understand the system, we will consider publishing and computerizing an easy guidebook. In addition, we will implement timely investigation categorizing function, disease, and occupation and report results to comprehend occupational therapy's current situation under each system.

○Concerning occupational therapy in health and welfare

34. Propose a role for occupational therapists to participate in the welfare of people with disabilities and promote its positioning.
35. Create and manage human resource cultivation training for occupational therapists with people and/or children with disabilities.
36. Demonstrate the accomplishment of job assistance and support models by occupational therapists and interact academically with the related associations.
37. Publicize the role of occupational therapists in retreat support and job assistance.
38. Demonstrate occupational therapists' roles in administrative agencies.
39. Propose a role for occupational therapists to participate in maternal and child health and promote their assignment.
40. Create and manage human resource cultivation training for occupational therapists in the health field.
41. Implement and publicize the prevention project of "management to improve daily performance" as care prevention for elderly people in general.

Maternal and child health, health promotion, and disease prevention projects are

being developed and led by various local communities. We will demonstrate the role of occupational therapists who belong to administrative agencies and promote their assignments in order to ensure the sustainability of consistent support in the client's familiar environment.

Moreover, we consider some sort of job opportunity support for the people with disabilities an urgent issue for occupational therapists to tackle. By summarizing their practice, demonstrating the occupational therapy support model, and promoting academic exchange with the related associations, we will publicize the role of occupational therapists in job assistance support including reinstatement.

○Concerning occupational therapy in the legal system for people and children with disabilities

42. Propose and request utilization of occupational therapists for people and children with disabilities under the Child Welfare Act and Total Assistance Act for the Disabled People.
43. Propose and request utilization of occupational therapists responsible for the Child Welfare Act (Health Examination for Young Children, Countermeasures for Children Requiring Aid, and New System for Children and Child Care).
44. Propose a role for occupational therapists to participate in school education and promote their assignment.
45. Propose and request utilization of occupational therapists in educational regulations.
46. Create and manage the human resources training program for occupational therapists in the field of education.

We will indicate the specific support contents and its results based on intervention accomplishments. This is to encourage occupational therapists' use, particularly in the promotion of special support education.

○Concerning welfare equipment and home renovation in occupational therapy

47. Promote the Counseling and Support System for Welfare Equipment on a national level.
48. Disperse and promote the rental business of IT devices.
49. Create and manage a human resources training program for occupational therapists interested in environmental coordination (welfare equipment,

home renovation, etc.).

50. Promote research and development of welfare equipment (welfare devices, self-help equipment, assistive devices, robots, etc.).
51. Streamline and promote the clinical evaluation system of welfare equipment (welfare devices, self-help equipment, assistive devices, robots, etc.).

We will promote the Counseling and Support System for Welfare Equipment on a national level. While maintaining a rental business for members for IT devices that are difficult to use, we will also promote publicizing, development, and management of the human resources training program for occupational therapists interested in environmental coordination (welfare equipment, home renovation, etc.). Using public financial support, we will also actively promote research and development of welfare equipment (welfare devices, self-help equipment, assistive devices, robots, etc.). In addition, we will streamline and promote the clinical evaluation system for welfare equipment (welfare devices, self-help equipment, assistive devices, robots, etc.) by occupational therapists and create a mechanism which enables occupational therapists' clinical knowledge to be reflected in the devices.

○Others

52. Promote occupational therapists' participation in the certification of needed long-term care, the Certification Committee of Classification of Disability Levels, and an examination board for appeals of nursing care payments.
53. Promote active participation of occupational therapists in regional medical plans (five diseases, five projects, and/or home medical care), long-term care insurance plans, and health and welfare plans by cooperating with each prefectural association.
54. Improve public relations activities to the related associations.

(4) Projects for occupational therapy popularization and promotion

○Concerning publicizing occupational therapy to Japanese citizens

55. Create an online function to share information with the public.
56. Comply with the request of prefectural associations to campaign about occupational therapy in cooperation with them.
57. Prepare media for publication by cooperating with each prefectural association and promoting publicity activities.

58. Consider publicity activities for related professionals and the public and promote them.

59. Design and produce DVD about dementia.

60. Brochure translation.

○Concerning project management of educational occupational therapy lectures to Japanese citizens

61. Consider the entire concept of public interest training including the implementation of public interest training by cooperation or co-hosting with the concerned associations.

○Concerning other publication and public interest activities

62. Collect information from members by using the website function.

63. Select the information dissemination method including mail magazines and create its system.

We need to permeate the cognition that “occupational therapy is necessary in home-care and the community” widely to Japanese citizens to manage problems communities are facing. In order to achieve this goal, we will act to gain recognition for occupational therapy. We will deepen our relationship with each prefectural association through campaign activity to publicize occupational therapy and cooperatively team with the regional associations’ public relations departments, consider website functioning and streamlining the entire concept of information provision, and cooperating with the other associations on public interest projects.

(5) Concerning partnership and intercommunication with internal and external related associations

○Concerning international academic exchange, training, and educational support

64. Organization and management of the 16th International Congress of the WFOT.

65. Demonstrate and promote methods of international academic exchange at the national conference.

66. Demonstrate and promote the entire concept of reinforcement of the cooperation with internal and external related associations including WFOT.

○Concerning the liaison and coordination with the internal and external related

associations or parties

67. Collect information about the current situation of Asian countries, consider the entire picture of cross-fertilization, and achieve it.

○Others concerning an international exchange

68. Cultivate human resources to participate in the presentation and management of the international congress.

Although the success of the 16th International Congress of the World Federation of Occupational Therapists held in 2014 was an urgent issue, we will also develop a plan to promote international academic exchange at the national conference and increase the foreign OT participants at it.

We will cooperate particularly with occupational therapy associations in the Asian region to promote international exchanges on academic and technical bases. We will also improve the infrastructure of research and practice to contribute to social issues including support for elderly people and disaster support. In order to achieve this goal, we will cultivate human resources capable of taking active roles as presenters, lecturers, chairs, and reviewers in international congresses and trainings.

○ Concerning liaison and coordination with internal and external related government ministries and agencies and associations

69. Promote cultural exchange with related associations and consider partnership with other professionals in medical care, long-term nursing care, welfare, education, and labor.

We will demonstrate the availability of occupational therapists by strengthening interaction and partnership with internal and external related associations and other related professionals.

○Concerning cooperation between JAOT and prefectural associations

70. Consider the contents of the joint training workshops for officials.
71. Summarize issues and results in the dissemination of the pilot grant program system and respond to them.
72. Summarize the contents of public relation activities of each prefectural association and share its information.

73. Share information and issues of promoting community activities with each prefectural association.
74. Review the entire concept of research and utilization including the items on the survey of existing conditions.

(6) The projects to support people with disabilities, elderly people, and children who were damaged by accidents or natural disasters

○Concerning disaster support

75. Create a manual for volunteers dispatched by the association.
76. Create a manual to accept volunteers for the affected area.
77. Streamline the support system during peacetime.
78. Streamline the support policy in large-scale disasters and/or its manuals.

Our association expressed the intention to continue support after the Great East Japan Earthquake that attacked Japan on March 11, 2011. We have posted the Disaster Risk Management Office in charge since 2013 and streamlined the support system during peacetime and in disasters by cooperating with each prefectural association.

Organization and management of the legal body

○Concerning the legal body's general affairs

79. Streamline toward full-time position for board members.
80. Prepare to be certified as a public-interest corporation and transition in 2015.

○Concerning the planning and coordination of association activities

81. Create a concrete draft for business commercialization including publishing, training, product development, and medical and nursing care.
82. Plan and implement commemorative projects of the 50th anniversary of association foundation.
83. Promote the involvement of female members in association activities.

○Concerning the article and its enforcement regulation

84. Revise the rules in preparation for certification as a public-interest corporation

○Concerning information administration and management of the association

85. Progress of the process of compiling and converting historical materials and

documents into pdf form, sorting them, and managing them.

86. Correct the regional differences in association services.

The year 2016 marks the 50th anniversary of our association founding. In order to reinforce the association activity system established by each member's participation, we will streamline the legal body's management system including streamlining toward full-time board member positions. Furthermore, we will promote the development of various conditions to encourage female members (who are 65% of the entire membership) to participate more actively in association activities. In this regard, however, the promotion of participation of representatives and board members is necessary.

Chapter 3. Strategies to accomplish this plan's goals

In order to accomplish this plan's goals, it is obvious that not only the cooperation of the board of directors and each department and committee, but also the participation of each member and cooperation of each prefectural association are necessary.

Figure 2 shows the basic strategy map to combine this cooperation and collaboration effectively. This basic map lists items to implement among members, the general public, occupational therapy users, related associations, related authorities, and agencies, centering on the collaboration between JAOT and each prefectural association and training institution. Adhering to this map, we mapped each centerpiece. This enables us to maintain association activities toward goal accomplishment while quickly overviewing the entire map to check progress and add each correction as necessary. Figure 2 was shown below. Figures 3 and 4 also have the same structure; specific implementation for each centerpiece item was indicated in them.

Listing of implementation items to be written into the basic map

JAOT—Members

- (a) Collect and analyze information for academic development of occupational therapy by compiling information including case reports and project study achievement by association members' research and academic information about occupational therapy.
- (b) Improve member's ability for clinical practice through post-qualification education, manuals published by JAOT, and academic journals of the association.

JAOT—Prefectural Associations

- (c) JAOT will work in collaboration with prefectural associations to formulate specific countermeasures to the state measures to promote accurate practice of occupational therapy in the close community, such as prefectural and city governments and municipal communities.

JAOT—Training Institutions

- (d) Further enhancement of occupational therapy by proposing educational curricula and syllabi dealing occupational therapy users' needs considering social situations and cooperating with and holding workshops for teachers.

JAOT—Related Government Ministries and Agencies

- (e) Demonstrate occupational therapy availability through acceptance of grant research, model proposals to apply occupational therapy, policy recommendations,

and needed activities.

JAOT—Domestic and International Related Associations

- (f) Promote academic exchange with domestic and international associations and national academic conferences for the academic development and dissemination of occupational therapy.
- (g) Promote partnership with related parties of occupational therapy clients for the effective use of occupational therapy.

JAOT—General Public, Occupational Therapy Clients, and their Involved Parties

- (h) Edify and disseminate occupational therapy by propagating information through an official website, publishing public relations magazines, conducting People's Forums, and occupational therapy campaign activities.
- (i) Promote the dissemination and edification of occupational therapy by each member's clinical practice so the general public has personal knowledge about occupational therapy directly in the clinical field where occupational therapists can advocate for clients and their family and relatives.

Conclusion

During the five-year implementation of “Five Year Strategy for Occupational Therapy (2008–2012)” that JAOT set as the new action plan, the environment surrounding occupational therapists changed rapidly. During that period, the plan was only halfway completed so a large number of issues remain. As document 1 shows, sufficient time is required to solve the issues of the focused slogan, “stationing half of occupational therapists to the nearby community.” On the other hand, some issues are being resolved. Considering this situation, “The Second Five Year Strategy for Occupational Therapy (2013–2017)” was created for further progress. Progressively, each occupational therapist is facing with more issues than ever before. We expect this plan to be an individual guideline to tackle such issues.

Japanese Association of Occupational Therapists Planning Coordination Department

Director in charge Yoshishige Ogihara

Committee Leader Misao Ogano

Committee Members Kinomi Takahashi Akira Miura Yumi Murayama