DIALOGUE

The positioning of occupational therapy in the new rehabilitation era

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(Terayama) Today, in commemoration of the 15th anniversary of Osaka Kawasaki Rehabilitation University, we welcome Haruki Nakamura, President of the Japanese Association of Occupational Therapists (JAOT), for a dialogue on "Rehabilitation in the New Era." I am Kumiko Terayama, the Vice President of Osaka Kawasaki Rehabilitation University. JAOT President Nakamura, thank you for your cooperation.

Osaka Kawasaki Rehabilitation University was founded 15 years ago; its history spans 25 years when we include its past as a vocational school. In commemoration of the 15th anniversary of the university's founding, we have decided to publish a collection of dialogues. On the 10th anniversary, we held meetings and various events. However, we decided not to have meetings and events this time due to the Covid-19 pandemic and, instead, we will send out information from the university as a collection of dialogues with opinion leaders in rehabilitation.

The dialogue, "Rehabilitation in the New Era," will feature interviews with physical therapists (PTs), occupational therapists (OTs), and speech therapists (STs) who are at the forefront of rehabilitation and related fields; it will be distributed via YouTube and published in a commemorative book "Rehabilitation in the New Era- a Commemoration of the 15th Birthday of Osaka Kawasaki Rehabilitaton University."

PERSONAL PROFILE OF THE JAOT PRESIDENT, HARUKI NAKAMURA

The motivation for rehabilitation specialist began from volunteer work

(Terayama) First, please give us a brief personal history of yourself.

(Nakamura) I have two older sisters, who both nurses. One of them, who is one year older, worked in Aichi Colony. It has a facility for severely mentally and physically disabled children, and she worked there as a nurse. She told me about rehabilitation. When I was a high school student, I went to Aichi Colony for two days as a volunteer and learned about the world of rehabilitation. In 1974, my high school guidance counselor did not know anything about rehabilitation, so I did my own research and decided to study rehabilitation at the National Hospital Organization Kinki-chuo Medical Center. After graduating from the school in 1977, I have engaged in clinical work. I worked at Hyogo Prefectural Central Rehabilitation Hospital and Hyogo Prefectural Rehabilitation Hospital at Nishi-harima.

Clinical experience as an occupational therapist — Blessed with a good mentor

(Nakamura) Though I returned to my al-ma mater to teach for 10 years from my 8th to 17th year of OT profession, I had been working at a rehabilitation hospital in Hyogo Prefecture for a long time. Since 2009, I have been serving as the full-time president of the JAOT.

(Terayama) I am well aware of your success at the Central Rehabilitation Hospital in Hyogo Prefecture. Dr. Seishi Sawamura worked there. who is a treasure for the Japanese rehabilitation, as a pioneer in community rehabilitation and prosthetic devices. He has trained many talented rehabilitation professionals.

(Nakamura) That is right. I was also trained by him.

(Terayama) Were you one of his first disciples?

(Nakamura) I do not know if I was his first disciple, but he gave me a lot of guidance. He always said to me, "Patient First", and "Patients are the textbook, so when in doubt, just go look at them and see how they live." When I was working at the Central Rehabilitation Hospital, I was in charge of issuing disability certificates to the disabled people in various places in Hyogo Prefecture. I traveled all over the prefecture with doctors, visiting various regions 20 to 30 times to determine the suitability of prosthetic devices. I

learned from Dr. Sawamura's approach and understood that being in a hospital is not enough to understand a person in whole.
(Terayama) You were blessed with a wonderful master. "Meeting an excellent master when you are young" is one of the keys for successful career building. It is wonderful that you were blessed with a good mentor and learned the importance of visiting patients and the importance of community because rehabilitation should not be done only in a hospital.

Becoming the 5th JAOT president

(Terayama) Did you have a connection with the JAOT through your experience with Dr. Sawamura?
(Nakamura) Yes. I was on the board of directors of the JAOT for 10 years after I became an occupational therapist. I served as the vice president for 8 years, and then, the president for 12 or 13 years.
(Terayama) How many presidents came before you?
(Nakamura) You were the third president, Dr. Terayama. I am the fifth president.
(Terayama) In the early days of the association, there was no formal rehabilitation training schools in Japan. Thus, people from various fields such as education, nursing, and psychology aspired to become rehabilitation professionals and obtained license in other countries or under the "special measures" category in Japan. The first to fourth presidents obtained the licenses in such ways. You were the first JAOT president who graduated from a formal Japanese rehabilitation training school, which was an epoch-making event.

ACTIVITIES OF THE JAOT — LOOKING AHEAD TO THE THIRD FIVE-YEAR PLAN

Training OTs in the era of community-based comprehensive care—50% of OTs need to be active in the community!

(Terayama) On the website of the JAOT, the Third Five-Year Plan is listed as an outlook for the future. Please talk about the current activities and prospects of the JAOT including your vision.
(Nakamura) This year is the fourth year of the Third Five-Year Plan. When you were the president, there was a longer-term plan of 10 years. However, as the world had changed too quickly, we adapted a five-year plan since Motoko Sugihara became the president. Now, we are in the Third Five-Year Plan. Broadly speaking, occupational therapy is most effective when it comes into contact with people's daily lives. Thus, the First and Second Five-Year Plans were implemented with the theme of "50% in the community and 50% in inpatient facilities." In the third plan, community-based comprehensive care became a major challenge; therefore, we decided to train OTs who would contribute to community-based comprehensive care. The third plan uses consistent daily life support as its framework, rather than "community" or "institutional" support. The community-based comprehensive care refers to developing occupational therapy not only for medical and nursing care but also for community revitalization.
(Terayama) We started with the goal of having half of the OTs work in the medical field and the other half in the community field. Has it been successful? In reality, seventy percent of the OTs who graduated from our university start out working in hospitals.
(Nakamura) Looking at the numbers, as you pointed out, we have not reached the goal at all. This result is disappointing, but from the perspective of Japan's medical system, this is unavoidable. However, I think that this is a significant turning point.

Revising the definition of occupational therapy for the first time in 38 years—Benefit of the public at large

(Nakamura) An awareness of the need to look at occupational therapy from the perspective of living at home has emerged. One manifestation is the "definition of occupational therapy" created by the JAOT in 1985 during the time of your presidency. It was revised in 2018, the first major revision in 38 years.
(Terayama) Yes, that was a very big job.
(Nakamura) The target for occupational therapy has been expanded from people who may have disabilities to the general public. We have also changed the goal, which includes a message of realizing health and happiness through work. This is the basic point for our goal.

Aiming to create a "position" where OTs can work in the community and its implementation

(Terayama) The role of occupational therapy will become more important in community-based comprehensive care, and a greater number of OTs will be needed for that purpose. What kind of system will you specifically promote?
(Nakamura) The medical structure is changing from only cure to both cure and support. Acute care and community medicines are both important. Therefore, one of our main goals is to create a base to work on community medicines. Currently, mainly hospitals are being used as bases, but there is nothing inconvenience in living in a hospital. I would like to create

a base in the community, such as an occupational therapy room or an occupational therapy center. In the Netherlands and other countries, such facilities are already common. It may be a dream, but I would like to create an activity consultation room or health center in towns, just as there are convenience stores in towns.

(Terayama) It is heartbreaking when the association's president says that it is only a dream. I would like you to work on it so that the dream comes true. When you inform young people that occupational therapy can be conducted in the community as well as in hospitals, what exactly do you tell them?

(Nakamura) Such practices are already underway. In addition to medical care, there is an increasing number of NPOs being set up to develop services in the community. With such examples, I try to be as specific as possible in talking about the facts that people in the community need occupational therapy in this way, what OTs actually do, and how these people are living well in the community.

RAISING THE PUBLIC ACCEPTANCE OF OCCUPATIONAL THERAPY

(Terayama) The general public surfs websites on the Internet, such as YouTube and other SNSs. Compared to other rehabilitation fields (PT and ST), occupational therapy (OT) is quite difficult to fit into an image. I believe in occupational therapy is a wonderful job. I am thinking about public relations activities, for example, how to convey to young people that occupational therapy is really wonderful and that they want to make it their life's work. It is frustrating to observe the difficulty to convey the importance of occupational therapy to the public although everyone, including educational institutions or the association thinks it important. As the president of the association, I would like to know what kind of issues you are aware of regarding public relations activities and what you are doing about them.

(Nakamura) I think there is a major emphasis on how to make occupational therapy more understandable to the public. It is important to convey the message in words and with videos, so we are trying to do that on the association's website. When people ask questions, I try to give them specific examples and tell them that a person's life has changed through occupational therapy. I often give examples of people with cervical spinal cord injuries who cannot use their hands but use tools to eat, or people in electric wheelchairs who can move and live independently in society. I think it is most persuasive to convey actual examples.

(Terayama) I urge you to introduce the contributions of OTs and publicize them more aggressively. While many OTs are sincere and kind-hearted, it seems many of them are not good at public relations or self-assertion. I would like to ask you to actively disseminate information.

(Nakamura) More importantly, the OTs doing their jobs need to have a sense of fulfillment and conviction, communicating what they have experienced in their own words. Currently, the JAOT has 104,000 members, of which 9,000 are engaged in clinical practice. If one therapist is in charge of six or seven people, the number of people all the OTs take care of is huge. First, I think it is good for OTs to be able to persuade their patients and users that occupational therapy is good for them.

(Terayama) I agree with you. From my own clinical experience, I remember how happy I was when patients and users told other people that the therapist did good things for them, that the therapist was wonderful, or that this was how they turned out better. I think there are many such stories.

(Nakamura) That's right. In addition, children at a nearby elementary school came to see PT, OT, and ST activities as an educational tour of welfare. The therapists made hand orthotics right in front of them. It is only a part of OT's job, and we have a lot of materials to surprise children with. I think it is a good idea to use the materials in this way. In fact, some students became OTs after seeing the therapists' activities.

OT ACTIVITIES

Most are working, 65% are women

(Terayama) Let me change the subject. You said there are 104,000 OTs in Japan. How many of them are working actively?

(Nakamura) About 10% of the members do not work. According to the Ministry of Health, Labour, and Welfare, more than 85% of members work until the age of 60. Thus, the number of those who are not in clinical practice is 20% at most.

(Terayama) That is a high employment rate. I believe that most of them work with pride as professionals who can work throughout their lifetime.

(Nakamura) It is the full-time employment rate. Some people work part-time, so I think the employment rate for OTs is over 90%.

(Terayama) I know many people who return to work

part-time after they have finished raising their children. Being an OT is a very good job if you continue to work throughout your life without stopping, even if in a small way. Those who have experienced it could realize that. I would be very happy if young people would think "Oh, yeah, that's right."
(Nakamura) I think so, too.
(Terayama) How many of these are women?
(Nakamura) Sixty five percent of the members of the JAOT are women.
(Terayama) It is a fairly high percentage.
(Nakamura) It has not changed for the past few years.
(Terayama) Compared to PTs, do women make up a large percentage of OTs?
(Nakamura) I think that 30–40% of the PTs are women. In other countries, almost all PTs and OTs are women.
(Terayama) Yes, they are women. However, this is the case in Japan for some reason.

An overwhelming number of OTs work in medical institutions in Japan compared to other countries

(Terayama) What do you think about the situation of occupational therapy compared with those in foreign countries? What do you think about occupational therapy in Japan compared to various developed and developing countries?
(Nakamura) OTs in Japan need the national qualifications. Moreover, we enjoy the fact that we are protected by medical insurance, and long-term care insurance and social welfare is a major feature of Japan compared to other countries.
(Terayama) Does it not vary from country to country?
(Nakamura) That is right. It is a characteristic of Japan that most OTs are needed in medical institutions. I do not think that there is any other country in the world where 70,000 to 80,000 therapists are active in the medical field. There are 130,000 registered OTs in the United States (US), and about 30,000 of them work in schools. In Japan, the number of OTs working in schools is very small. Thus, I think it is unique in the world that they work in the largest healthcare system.
(Terayama) Is that positive?
(Nakamura) I think this can be considered positive in some sence.

Training education reforms for OTs — Four-year university course and diverse education in the time of a declining birthrate and aging population

(Terayama) Occupational therapy in areas other than medical care, such as nursing care, education, and other areas (sub-vocational and employment fields), has been important for a long time, but there are areas where there is insufficient activity. I think this is an area where there are great expectations for the future, but what do you think of the JAOT's efforts in this area?
(Nakamura) As you mentioned, for areas such as school occupational therapy, industrial occupational therapy, community health occupational therapy, and judicial occupational therapy, the number of personnel needed is very small. However, we would like to position them systematically as we have showcased our achievements in occupational therapy. As you know, in 2025, there will be a revision of the new school curriculum, which currently includes 101 course credits, but it will probably be more than 123 course credits if the four-year system is adopted. I think there will be some additional courses, so we prepare for that by gathering data, creating a track record, and writing textbooks in advance.

Currently, about 65% of OT training schools are four-year schools. The administrative side believes that unless the number of four-year training schools reaches 80% or more, it will be difficult to shift to a four-year system under the law. I think that it will be good if we can have a grace period of several years and the start of the four-year system.
(Terayama) You mentioned that you would like to shift to a four-year education system in the future, but what is the current situation? For example, what about establishing a vocational school? There are various professional colleges and universities, junior colleges, and various occupational therapy training schools. What do you think about them, and what do you want to do with them?
(Nakamura) We, as the JAOT, have made an institutional decision to aim for a four-year education system. We hope that the next curriculum review committee will be based on this idea. There are junior and three-year colleges because of social needs, but the basic idea of the association is to aim for four-year university education in training OTs. I heard that you are preparing a graduate school, which, I think, is necessary. To be of use to the world, academic management and expansion are essential, so I would like to see many universities working on master and doctoral programs.
(Terayama) What is the outlook for the transition to a four-year program when more than 80% of the schools need to have a four-year program? The same problems exist in other comedical fields. There is a variety of educational institutions in the nursing field. For example, in vocational schools and associate

nurses, outstanding working adults return to school for re-education. There is a new way to utilize this kind of education system, so I think it is a good idea. The baseline is a four-year system, but does the association say that other types of schools are not acceptable?

(Nakamura) This is a certificate course, right? ST is based on such a system in the US. It takes approximately two years to obtain a certificate. However, as you know, there is the problem of decreasing number of children, The number of high school seniors is about 1.2 million now, but it is decreasing rapidly. In terms of how to create a system to attract people to the industry with such a small population, I think we have to consider the structure you mentioned in the near future.

(Terayama) We live in the era of "100 years of life", and the population is aging. It will be good if we re-educate working people who have finished raising their children and are retired and people who do not have the certificate but have a very good foundation to practicing occupational therapy. In addition, as is the case in the US and Europe, some people graduated from liberal arts education, such as psychology, pedagogy, sociology, and philosophy, and became businesspersons. In fact, these educational backgrounds would function as a base for occupational therapy, so it may be a good idea to target middle-aged people.

(Nakamura) As you said, medical schools in the US are totally different from those in Japan because students enter a medical school after graduating from a four-year university. Their awareness and ability differ from those of students in Japan. Perhaps, it is better to consider a basic structure.

May I have a word? Last year, the government issued a policy for the integrated operation of medical and nursing care. Although it called for the use of rehabilitation professionals, it did not include OTs. Therefore, we consulted with the Japanese Physical Therapy Association and the Association of Speech-Language-Hearing Therapists and asked them to include the names of rehabilitation professionals in the integrated plan for medical and nursing care.

(Terayama) It is not "etc.," is it?

(Nakamura) Not "etc.," but the job title was listed. I think this was a big deal.

(Terayama) That was fine.

(Nakamura) There is one thing that OTs have been firmly included in the health and nursing care system.

CREATING A DIVERSE SYSTEM OF OCCUPATIONAL THERAPY — MEDICAL, LONG-TERM CARE, AND JUDICIAL

(Nakamura) One more thing is the judicial field. In the past few years, the Ministry of Justice and the JAOT have been working together to have all prisons employ OTs as rehabilitation instructors. We also ask correctional facilities that have a hospital to employ OTs for a position assisting prisoners returning to society. We have actually received job offers. The JAOT needs to send capable therapists; thus, we have been visiting several prisons, and we have had some good responses. We have to find a way to support the therapists as an organization, so we have created a network of people who are engaged in this work, and we hold regular meetings for case studies and training. I think this is a major initiative that we have never experienced before.

(Terayama) I think it is wonderful.

(Nakamura) Although the subjects were not patients, they had many problems. What we do in correctional facilities is occupational therapy, right? The aging of the population is also a major problem in prisons, but another problem is that the recidivism rate does not decrease. OTs have shown data that the recidivism rate can be reduced by taking this kind of approach, so I think that this will become a major area in the future.

(Terayama) If that is the case, educational institutions will have to offer classes related to that area. It will be necessary for students to learn about this field as much as possible.

(Nakamura) It used to be called the area of infringement, but Mr. Tsurumi, who is an OT, joined the Ministry of Justice and served as an assistant director. Therefore, I believe that we are active in this area.

EXPECTATIONS FOR OTs PLAYING AN ACTIVE ROLE IN THE ERA OF MULTIDISCIPLINARY SERVICE

(Terayama) I urge you to support them on their way, starting with one person and gradually becoming a group to entering the new field. Another important keyword is multidisciplinary service. Multi-professional cooperation is one of the keywords in the new curriculum, which is an important subject at educational institutions. How does the JAOT consider to promote multi-professional cooperation?

(Nakamura) Rehabilitation is originally a teamwork, and multidisciplinary service is fundamental to achieving that goal. Treatment does not proceed

without conferences, and many people involved in rehabilitation medicine do this regularly. As for the topic of modern multi-professional service, the collaborating parties are people in the community, and we must prepare a different framework for the contents and the way to communicate to the collaborating parties. Therefore, we believe that it is very important to work on it. One example is that the Certification Committee of Nursing and Comprehensive Community Care holds meetings in various regions, and OTs participate in these meetings. We need to have specific knowledge to have productive outcomes in such meetings. We include various topics from how to greet people to what to wear and what to say in our education curriculum.

(Terayama) Do you have any of these in your education course?

(Nakamura) Yes, the Community-Based Comprehensive Care Committee plays a central role in this.

(Terayama) In the days when we were still working, multidisciplinary service and team medicine were commonplace. It started with the idea that one person could not do anything alone unless everyone worked together. At that time, it was necessary to collaborate with other professions such as PTs, nurses, doctors, and other professionals. However, now there are various people, such as neighbors or a member of the welfare committee, people who are not certified but are more OT-like than OTs, or people with higher education. Unless OTs can coordinate and show leadership, I do not think there will be any movement toward truly multidisciplinary service in community-based comprehensive care.

(Nakamura) That is right. I think it is necessary to include the family and the patient in a team and to recruit the necessary team members for that purpose. Therefore, we need to continue to promote that kind of movement. I feel that there are many cases where patients and their families are left behind. If you look at the practice of care management, it was created with the spirit that it was essential to be able to make your own care management and care plans.

A MESSAGE TO YOUNG PEOPLE WHO WANT TO BECOME OTs

(Terayama) I also think that was the essence of support for independence. Is there a message that you want to convey to the younger generation? Especially to those who want to become OTs?

(Nakamura) Being an OT is fun. I have 46 years of clinical experience, and some of my patients have been with me for those 46 years. OTs are close to people's lives, so they can keep in touch with them and have relationships with many of them. I do not think there are many jobs like this. If you can convey the joy of OT, I think there are many candidates who want to become an occupational therapist.

(Terayama) What qualities of young people do you think would be good for OT?

(Nakamura) When it comes to qualities, the first one is kindness. Behind kindness is compassion and understanding the other person's position. A person who can do that is qualified to be an OT. In addition, the person should be able to help people with their problems and support them to change with medical and OT expertise and skills. A person who pulls a patient in one direction may be good for a certain patient, but he or she may not be suitable for a patient who is gentle and careful.

(Terayama) Our university has created a tag, "Secure technology, with supporting heart." This tag is to be held high and placed at the center of the students' minds. "Supporting heart" is exactly what you have mentioned.

(Nakamura) I am surprised to hear it. That is exactly what it is, is it not?

"OT VISUALIZATION" AND "MULTIDISCIPLINARY SERVICE" — MANAGEMENT TOOL FOR DAILY LIFE PERFORMANCE (MTDLP)

(Terayama) OT is a really good profession, so I want to think about how to show it and "visualize" it well. I want good students to come to our university and grow up as OTs. In each generation, the association presidents have experienced various hardships. As you are the fifth president, I think that the redefinition of occupational therapy that you mentioned earlier was a very significant job for you, but I also think that the "Management Tool for Daily Life Performance (MTDLP)" is good work. Could you explain this to us?

(Nakamura) Yes, the JAOT has created MTDLP. As you mentioned earlier, even though OTs are doing various types of occupational therapies, it is sometimes difficult to see. When we think about how we can provide a certain occupational therapy, it is important that we can express a certain occupational therapy as we implement it based on a certain tool. In reality, there are three steps: assessment, treatment, and results; and we would like to objectify each step of them. One of the foundations of this is user-centeredness. Patients have various problems in their lives, such as not being able to wear clothes, not

being able to go shopping, not being able to go to work, and so on. We focus on those problems and try to solve them. In order to do this, we need to focus on physical functioning, mental problems, environmental problems, human relations, social structure, and many other things, and carefully address each of these issues that cause difficulty in daily life together with the patient. The MTDLP is a system for this. One of the important things is that the patient is in the center, and as they cannot live alone, the planning must include what they must do, what the occupational therapist must do, and what the doctors, nurses, physical therapists, and community must do to solve their problems. This is a system in which we plan what each of us must do to achieve the objective and, then, proceed to an agreement with the people involved with the patient. The tool for the MTDLP incorporates multidisciplinary service and user/patient-centeredness into a single format. It takes some time and effort to evaluate each patient's problems, but I think it is an approach to occupational therapy that focuses on the problems.

(Terayama) I think it is a scientific methodology that can provide proper evidence, isn't it?

(Nakamura) We divided the patients into an MTDLP intervention group and a regular occupational therapy intervention group. Fifty patients in each group were treated for three months and, then, followed up for three years. Health-related QRs called HUIs were taken every 6 months, and the results clearly showed that the QRs were higher in the MTDLP group.

(Terayama) I believe that such evidence-based research is an achievement of professionals who want to get out of the stage of doing things randomly but create a scientific method of intervention, so I hope that they will continue to work hard on this.

(Nakamura) I look forward to educating students on MTDLP.

EXPECTATIONS FOR OT GRADUATE EDUCATION AT OSAKA KAWASAKI REHABILITATION UNIVERSITY

(Terayama) Regarding our graduate school, I personally would like to train people such as the chief specialist of the clinical department and people who can scientifically present data from their clinical experience and get evaluated by others like a medical doctor in a clinical situation. In addition, I would like to train people who have management skills and are suitable for positions such as chief specialist, director, or section chief of the rehabilitation department. We would also like to train people who are willing to become researchers and are interested in learning. At Osaka Kawasaki Rehabilitation University, as a base for community rehabilitation and community support, I often talk with the university president about wanting to train people who can provide high-quality clinical services based on the science of preventing dementia and cognitive functions and disabilities. What is your opinion on this matter?

(Nakamura) As you said, it is a major issue, and its direction is relevant. I think it is very important because it is a major theme for how we should face the future era of 100 years of life.

(Terayama) As an association, we would like you to continue to make good devices and set them up all over Japan so that even if we have dementia, we can live with it in a lively way.

(Nakamura) That is right. In this respect, Osaka Kawasaki Rehabilitation University has been active in the community, including community medicine, for a long time in Mizuma Area. In this sense, I think that the university should play the role of a key station of knowledge in the community and disseminate it to the community. This is something that universities in big cities, such as Tokyo, cannot do.

(Terayama) Osaka Kawasaki Rehabilitation University was established by Dr. Shigeru Kawasaki, with psychiatry as its backbone. There are also various related facilities, such as general hospitals, elderly care facilities, special care facilities, and employment facilities. As all these facilities are connected well, we can conduct fieldwork in the region, educate students, and contribute to the community. With the establishment of the graduate school, we hope that it will become even more reliable.

(Nakamura) I sincerely look forward to this.

(Terayama) I would like you to have high expectations for the development of Osaka Kawasaki Rehabilitation University. When Dr. Shigeru Kawasaki went to Cambridge, England, he told me that they had already done the things I have just described. He said that he would like to create a Cambridge model here in Mizuma.

(Nakamura) I see. That is amazing.

(Terayama) He was a man with foresight.

JAOT — INCREASINGLY STRENGTHENED COLLABORATION WITH OTHER ORGANIZATIONS

(Terayama) I would like to ask you about your impressions of other rehabilitation professionals in the field

of rehabilitation, as well as any challenges you face in your relationships with government agencies.
(Nakamura) I am the fifth president of the association, and I think this is probably the first time that the three professions of rehabilitation have worked together on various issues while maintaining such a strong relationship. As you know, one of the issues was to increase the ratio of nurses in home-visit rehabilitation and home-visit nursing facilities to 60% or more. Including PTs and OTs, nearly 10,000 people work there. If one nurse quits, the balance between PTs, OTs, and STs will collapse, and they will be fired. This is not a problem for large facilities. If that happens, it will be impossible to work stably; consequently, it will be a great inconvenience for the users. We found that it would affect 80,000 workers, so we made a statement of opposition to the proposal and collected 188,000 signatures. We, then, lobbied the Ministry of Health, Labour, and Welfare, and other related organizations to withdraw the proposal.
(Terayama) Oh, I am glad to hear that.
(Nakamura) The JAOT cannot do this alone, no matter how large it is; in fact, no organization can do this alone on its own. On the one hand, it is a challenge that must be tackled in this sense because it is framed within the framework of the rehabilitation profession. On the other hand, professionalism is clearly being questioned. Physical therapy is required to do the work of physical therapy, occupational therapy is required to do the work of occupational therapy, and speech and hearing are required to do the work of speech and hearing. Thus, I think we should work on what we should do and insist on it while respecting each other in those areas. However, as we are classified as rehabilitation specialists, I think we will be invisible if we do not present things to the world from the perspective of what PTs, OTs, and STs do. I try to make a clear distinction between each job, such as activities and participation are the jobs of OTs, while physical and mental functions and strength are the jobs of PTs. Moreover, as I mentioned earlier, I think that the JAOT played a very important role in this year's nursing care fees. One was the addition of rehabilitation support. This was an addition to returning from the facility to society. It was unclear what it was and who it was for, and there were questions about whether it was effective even though it was an addition. The other is a management tool for daily life rehabilitation, which is approximately 0.03%. The department proposed to abolish them, as the two systems had no performance records. The association consulted with the authorities because we thought this was wrong. No one in the subcommittee could say that these systems were important. Therefore, we took the opportunity to give a presentation. We had 15 minutes for the 3 rehabilitation groups and 10 minutes for OTs. I gave a presentation on the necessity and effectiveness of these two additions. Based on that presentation, these two additions survived. I think that was a big thing.
(Terayama) I have heard a lot about how difficult it is to use.
(Nakamura) It is difficult to use, but long-term care insurance also claims to support independence. The basic stance is that independence support is based on the management tool for daily life rehabilitation and the addition of rehabilitation support. We conducted MTDLP on various patients, and the research data showing the results maintained the systems. Furthermore, we protected the Additional Allowance for Independence Support. This mechanism encourages bedridden people to leave the bed and live in a sitting position to improve their lives. The basis of the additional support for nursing care was a study conducted by the JAOT, which supported 30 bedridden patients for 3 months and helped them to sit up, eat, and participate in group work. In two cases, the patients were able to stay out overnight. An additional allowance for independence support was recently established in response to the need for this kind of support. This was also a significant job that the JAOT did for the public.
(Terayama) That is right. We can support the theoretical armament of "scientific nursing care," which is now being recommended in the nursing care field. It has been done enough times in the medical field, so the next field we should aim for is nursing care.
(Nakamura) That is right. There are only about 1,000 OTs in all of the special care facilities and day-care facilities, but if you look at the data, it is very good.
(Terayama) I would like you to give it out by all means, and I hope you will work even harder. Did the JAOT and occupational therapy do something for the Covid-19 disaster as it is in its second year?
(Nakamura) I took the questionnaire three times and reported the results to the relevant organizations and the Ministry of Health, Labour and Welfare. When we reported to the Ministry regarding what OTs were actually doing at the time of the collapse of medical care and wards and what occupational therapy was doing to prevent such collapse, we received a donation of 1 million yen for the association's efforts. It was not picked up by the mass media, but I think that the authorities and various organizations have recog-

nized that we are doing good. In addition, regarding the Covid-19 vaccination, as the students were going to participate in clinical training, we asked them to give priority to vaccinating the students undergoing clinical training. I worked under the radar because I had connections with other organizations. There were half-hearted notices, but we received them twice, asking to prioritize students in training.

(Terayama) At our university, fourth-year students undergo clinical training, and the number of students who have received vaccines at their training sites is increasing.

(Nakamura) Although the notice was very vague, it was a notice asking for consideration, so I think it had a certain effect.

(Terayama) Were the JAOT staff infected by Covid-19?

(Nakamura) Thanks to you, none of our employees was infected. The telecommuting shift started in March last year, but even though the state of emergency was lifted in the middle of the year, the number of cases in Tokyo remained as high as ever, so we have been working in the same way. We apologize for the inconvenience to our association members, but thanks to them, no one has been infected.

WILL THE JAOT BECOME A PUBLIC INTEREST INCORPORATED ASSOCIATION?

(Terayama) The JAOT is currently a general incorporated association, but as it has a high level of public interest, do you have any plan to change to a public interest incorporated association?

(Nakamura) Structurally, we are maintaining a system that allows us to shift into public interest at any time. We are required to make more than 50% of our business in the public interest, so we are setting up and improving the quality of our departments to be able to reach that goal. However, when we become a public interest corporation, there are occasions when we will not be able to work flexibly. For example, if various things happen at Covid-19 pandemic, we can immediately change the communication format of the organization to ZOOM or something like that because we are a general incorporated association. However, if we become a public interest corporation, there will be some difficulties. We have to do what we apply for. Thinking about flexible activities, I think a general incorporated association is more likely to be able to match the needs of the industry.

(Terayama) I see. Then, you are taking a flexible approach for the time being?

(Nakamura) That is right. I think flexibility should be the priority right now.

(Terayama) I understand half of it, but from the standpoint of social status, a public interest incorporated association has a higher status.

(Nakamura) That is right. If you look at it generally, the public interest is at the top, is it not?

CONCLUSION — TO ALL ASPIRING OTs

(Terayama) Thank you very much for your time. Finally, do you have a message for those who aspire to become OTs?

(Nakamura) As I said at the beginning, I think the first thing is to put the patient first. I think that is important, but I also think that such priorities should be based on the person's life and lifestyle. It is not just about disease or disability. You need to look at the person's life and lifestyle from the patient's perspective. I hope that each person, whether young or experienced, will do their best to exceed their own abilities carefully and attentively.

(Terayama) Dr. Akiko Suzuki served as the first president of the JAOT for 13 years, and you also have been the president for a long time. Please lead the JAOT more and more, be trusted by the public and train OTs who are trusted by patients and users. Thank you very much.

(Interviewer: Kumiko Terayama; Interview date: July 13 2021; This paper was translated by Kayo Matsuo.)