

# DOCUMENTATION FRAMEWORK

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## 1 Introduction

Occupational Therapy Australia (OTA) develops a range of documents to fulfil different purposes including practice standards, lobbying and advocacy.

OTA releases a range of documents to members and the public, as to expected standards of practice or to provide clarity of OTA's position on practice and other matters:

These documents include:

- Position Papers
- Guides to Good Practice
- Briefings
- Issues Statements
- Media Releases
- Submissions

This document defines the framework for the development, review and distribution of these documents.

## 2 Glossary of Terms

- **OTA** Occupational Therapy Australia
- **EIC** Editor in Chief (AOTJ)
- **PPS Manager** Professional Practice and Development Manager (responsible for the Professional Practice and Standards Portfolio)
- **NPPS Committee** National Professional Practice and Standards Committee
- **SIGS** Special Interest Groups
- **RIGS** Regional Interest Groups

## 3 Position Statements

### 3.1 Policy of Position Statements

Position Statements present the view or stance of an organisation on a topic. Often the topic is one of public concern where a profession's perspective will contribute to informed debate or better standards of practice. Alternatively, the topic could be one where there is indecision, lack of clarity or contested perspectives and an authoritative view is required to inform practice.

Position Statements are therefore written to be read by external audiences (stakeholders may include other professions, statutory bodies and organisations, and members of the public) as well as occupational therapy members and non-members.

This Policy and Guideline document provides information relating to OTA Position Statements.

The *policy* will ensure OTA Position Statements are developed in a manner where the quality and relevance of the contents of the document can be assured.

The *guidelines* will enhance the consistency of OTA Position Statements.

#### Defining Position Statements

Position Statements are used by professional societies to assert a belief about an issue. This belief is based on evidence and consistent with the constitution, values and code of ethics of the society. Position Statements provide information necessary to understanding and analysing an issue from a societal perspective.

Position Statements are unique in their presentation of a definitive, official view to public and professional audiences. They are practical and solution-focused. They require detailed background research, consultation with experts within the organisation and formal endorsement usually by the governing body. They have the status of an official policy and are always action orientated. They are used to inform policy and program development, practice monitoring and outcome evaluation.

For a document to be called a *Position Statement* it must meet the criteria set out in this Policy and follow the associated Guidelines in order to be endorsed and published by the OTA as a named Position Statement.

#### Topics suited to Position Statements

*Position Statements* are the official view of the association on particular issues. They should thus present information essential to the understanding and analysis of an issue so the official view presented in the statement is a judgement that is professional, informed and evidence-based. Evidence may include for example, rigorous and relevant research literature and information derived through professional consultation.

Not all issues/matters will have *Position Statements*.

#### Identification of need

The need for a Position Statement can arise from matters such as changes to Government policy, OTA strategic directions, societal contexts and risks to practice.

Requests for position statements can arise from:

The OTA Board who can *commission* the development of a Position Statement on a particular topic.

The OTA membership who can recommend the development of an OTA Position Statement on a topic at a meeting of the association such as the National Forum.

The OTA Board may become aware of topics appropriate to Position Statement development through member expressions of interest to OTA's PPS Manager or Government Relations Manager.

### **Development of Position Statements**

Position Statements reflect on OTA's reputation and are one exercise of public responsibility. They must be of the highest standard addressing topics where a statement will assist in assuring public safety, enhancing quality of service, or clarifying scope of practice.

OTA's Professional Practice and Development portfolio is responsible for the management of Position Statement development.

### **Steps to development**

Before deciding to commission development of a statement, the PPS Manager will assess what credible statements already exist through reputable sources such as the World Federation of Occupational Therapy (WFOT), then international OT Associations and thirdly other sector associations or peak body statements. The PPS Manager will seek permission to reproduce or obtain links to the statement.

If no relevant position statement exists the PPS Manager will liaise with the OTA Research Foundation (OTARF), which includes the Journal Editor, to gain their support to commission a scholar to develop the position statement.

On completion of the first draft, this will be reviewed by the OTARF and the NPPS Committee.

Once feedback is compiled then the broader membership will be asked for their feedback.

Once all feedback has been reviewed a final version will go to the OTA Board.

The OTA Board on considering the final draft of the Position Statement may determine that it a) requires further development, or b) further consultation or c) revision, or d) it may endorse the Position Statement as the official view of the association. See Figure 1.

### **Intellectual Property**

While members of the profession may author / co – author the Position Statement, the intellectual property resides with OTA.

### **Dissemination of Position Statements**

- **Website**

OTA's position statements have traditionally been published as stand-alone professional publications called *position papers*, available through the office or association web-site.

OTA Position Statements are published only after Board approval on the OTA website.

The PPS Manager is responsible for the timely publication of approved statements, their formatting and the announcement in OTA member-communications that the Position Statement is now available.

- **Journal Publication**

To enhance the individual, national and global readership, position papers are also published in the *Australian Occupational Therapy Journal (AOTJ)*, the official publication of the OTA. The last

issue of each volume will publish new and revised papers of that year and acknowledge any that have been rescinded by OTA.

The PPS Manager is responsible for the submission of all approved OTA Position Statements to the AusOTJ on-line manuscript management system “Scholar One” in a format suitable for copy-editing (a Word Document).

The PPS Manager is also responsible for confirming that the document submitted is exactly the same as that published by OTA on its website. The Position Statement must include; a *title*, *keywords* and *author-attribution* (which will normally be the professional association). The main body of the document must include; *headings* and *subheadings*, accurate *in-text citations* and an accurate *reference list*.

The OTA style guide (Appendix 1) which includes the APA referencing protocol used by the Australian Occupational Therapy Journal, is to be utilised.

- **Other forms of distribution**

Members may be advised of new Position Statements via *e-nOTices* and *Connections* magazines. Webinars may be conducted by the authors to enhance learning and awareness.

## **Acknowledgements**

The PPS Manager will arrange for members of the expert reference and writing teams to be acknowledged at the end of the main document. Copyright and authorship will, however, reside with OTA.

OTA Position Statements may be referred to, linked or endorsed by other professional or consumer societies without alteration and with attribution.

## **Responsibility for OTA Position Statements**

These statements are the official view of the professional body. OTA is responsible for the accuracy and quality of these statements. Even though they are published through the AOTJ they are not subject to peer review or author guidelines, although the EIC undertakes proof-copy editing and endorsement of the journal issue as a whole. The AOTJ cannot take responsibility for the quality, accuracy or originality of the Position Statement. The Journal will merely be exercising its function as the official publication of the OTA by publishing the Position Statements.

## **Review of Position Statements**

Position Statements are valid for three years unless otherwise specified.

The “due to be reviewed” date will be included in the publication and it will be monitored by the PPS Manager who will coordinate its evaluation and review using the same process used for the development of position statements

## Position Paper Template

[insert name] Position Paper

- **Summary Statement of Position**

- Should be brief and action orientated

- **The Occupational Therapy Profession**

- This is a standard insert required by OTA

- **Purpose of Position Statement**

- It must present the official view of the professional association on behalf of the profession in Australia.
- It must be based on facts.
- It must provide sufficient information to give an understanding of an issue so that the analysis leading to the perspective is apparent.

- **Rationale**

- To complete this section a comprehensive literature review should have been conducted with findings distilled down to the absolute priority findings relevant to the issue and the current context. It may be more efficient to conduct the literature review, disseminate/ publish that then cite the source in this section rather than try to summarise everything here.
- Cite evidence and state facts. Do not direct, prescribe or require. Do not judge. State the issue and the impact on OTs, OT practice or OT recipients.
- This is the only place where references/ citations may appear when providing background to the problem, what has been tried before, what has worked, what we know now, what has been shown to be effective/ ineffective. Keep references to last 5 years and a maximum of 10. If appropriate include a 'resources' section with links later in the statement.

- **Policy and Environmental Context**

- This must be concise. It should include only essential information.

- **Statement of position taken by Occupational Therapy Australia**

- Statement is an assertion often of a preferred outcome. It should stand-alone.
- It does not refer to other documents.
- It must be action orientated. It must be descriptive (e.g. what does 'good' look like?) It must clearly set out what should happen.

- **Significance of the statement to occupational therapists**

- What should OTs do as a result of this statement - value to the profession; impact on role and function, implications for service improvement.

- **Significance of the statement to society**

- **Recommendations/ Challenges/ Strategies**

- Identify suggestions to improve practice and improve policies

- **Glossary of Terms**
  - Include link to OTA website
- **References**
- **Resources**
- **Date Approved**
- **Review date**
- **Copyright © Occupational Therapy Australia**

## 3.2 Position Statement Development and Review Guidelines

### Introduction

This Guideline sets out the actions needed to develop and approve an OTA Position Statement. It also provides a framework for the Position Statement document to ensure comprehensiveness and clarity.

Figure 1 presents the Flow Chart of actions and identifies approval delegations.

#### **STEP 1: Identification of Need**

The Occupational Therapy Australia Board can commission the development of a position statement on a particular topic.

OR:

Proposers from the OTA membership and staff can recommend the development of a Position Statement on a topic at a meeting of the association, or via letter or email to the PPS Manager identifying the topic and why it requires a Position Statement. Non-members may not propose topics.

#### **STEP 2: OTA Board Decision**

The OTA Board will decide if a Position Statement will be developed on a topic. If there is support any proposers will be advised by the PPS Manager and an indicative timeline for the project will be shared. If there is no support any proposers will receive a letter from the PPS Manager advising the outcome and reasons for the decision. OTA will only have capacity to manage the development of a limited number of Position Statements at any one time. Rejection of a request for a Position Statement may reflect resource or priority issues and proposers should be advised if this is the situation and potential timeframes for when it could be reconsidered.

The decision will be a resolution of the Board.

#### **STEP 3: Environmental Scan**

Following the decision of the OTA Board, the PPS Manager will assess what credible statements already exist through reputable sources such as the WFOT, international OT associations and other sector associations or peak body statements. If a relevant statement exists, the PPS will seek permission to reproduce or obtain links to the statement.

If no relevant statement exists elsewhere that can be adopted, the PPS Manager will liaise with the OTARF, which includes the AOTJ Editor, to gain their support to commission a scholar to develop the position statement.

#### **STEP 4: Development**

The PPS Manager in conjunction with the OTARF (which includes the Journal Editor), will identify a lead author and develop an expert advisory panel, chaired either by an OTA Member with suitable expertise or the PPS Manager. Panel members will bring a deep understanding of practice, research, consumer, policy and/or administrative knowledge and experience related to the issue. The expert advisory panel will typically include: Practitioners, Managers, Researchers, Educators, Consumers and people with expertise in policy/ administration.

- If the Statement relates to a matter of consumer safety and awareness, and safe implementation of interventions, every effort should be made to include a panel member with expertise in knowledge translation.

- If the statement relates to students or the student experience, their membership should be invited.

The expert advisory panel members may or may not all be involved in writing the draft position statement. Where an advisory panel restricts its activities to advising and resource sharing, a writing team or an individual considered an expert in the area, will be engaged to develop a first draft.

A writing team will have a lead author and co-authors. Some members of the advisory panel may be members of the writing team. Members of the writing team will be identified.

The writing team will use the template attached. In addition: -

- Research based clinical or policy guidelines must be referred to if available (e.g. Cochrane Reviews, Systematic Reviews etc.).
- The Statement must be consistent with the Constitution, Code of Ethics and Strategic Plan of the Board; explicit reference must be made to relevant clauses of these documents.
- The writing team will select up to 5 keywords (MeSH) for indexing.

### **STEP 5: Consultation**

The PPS Manager will circulate the first draft to the OTARF and the Professional Practice and Standards committee for preliminary feedback and will liaise with the Advisory Group and Writing team for revisions of the draft.

The revised Draft Position Statement will be open for member consultation via the OTA website and through OTA communication channels (*e-nOTices* and *Connections* magazines) for a period of not less than 6 weeks.

The PPS Manager will then collate and coordinate consultation feedback and liaise with the writing team for revision of the Draft to a Penultimate Position Statement. This penultimate version will be placed on the member only section of the website for 3 weeks for a final round of feedback.

The Penultimate Position Statement will be submitted to the OTARF and Professional Practice and Standards Committee together with a project report on the topic. If the Professional Practice and Standards Committee are satisfied with the Position Statement they are to refer to the OTA Board for endorsement.

### **STEP 6: OTA Board Approval**

The OTA Board will consider the Position Statement at its next available meeting and will review the Statement from the perspective of assessing whether there are any risks to OTA as a result of the content of the final version. They can approve, or return to the PPS Manager for further work if needed.

### **STEP 7: Publication**

The PPS Manager will facilitate the publication of the Position Statement on the OTA website shortly after approval by the Board.

The PPS Manager will then submit the Position Statement on behalf of OTA to the AOTJ through the Scholar One system, actioning all "author" functions through this system including completion of copyright forms (and open access forms if applicable).

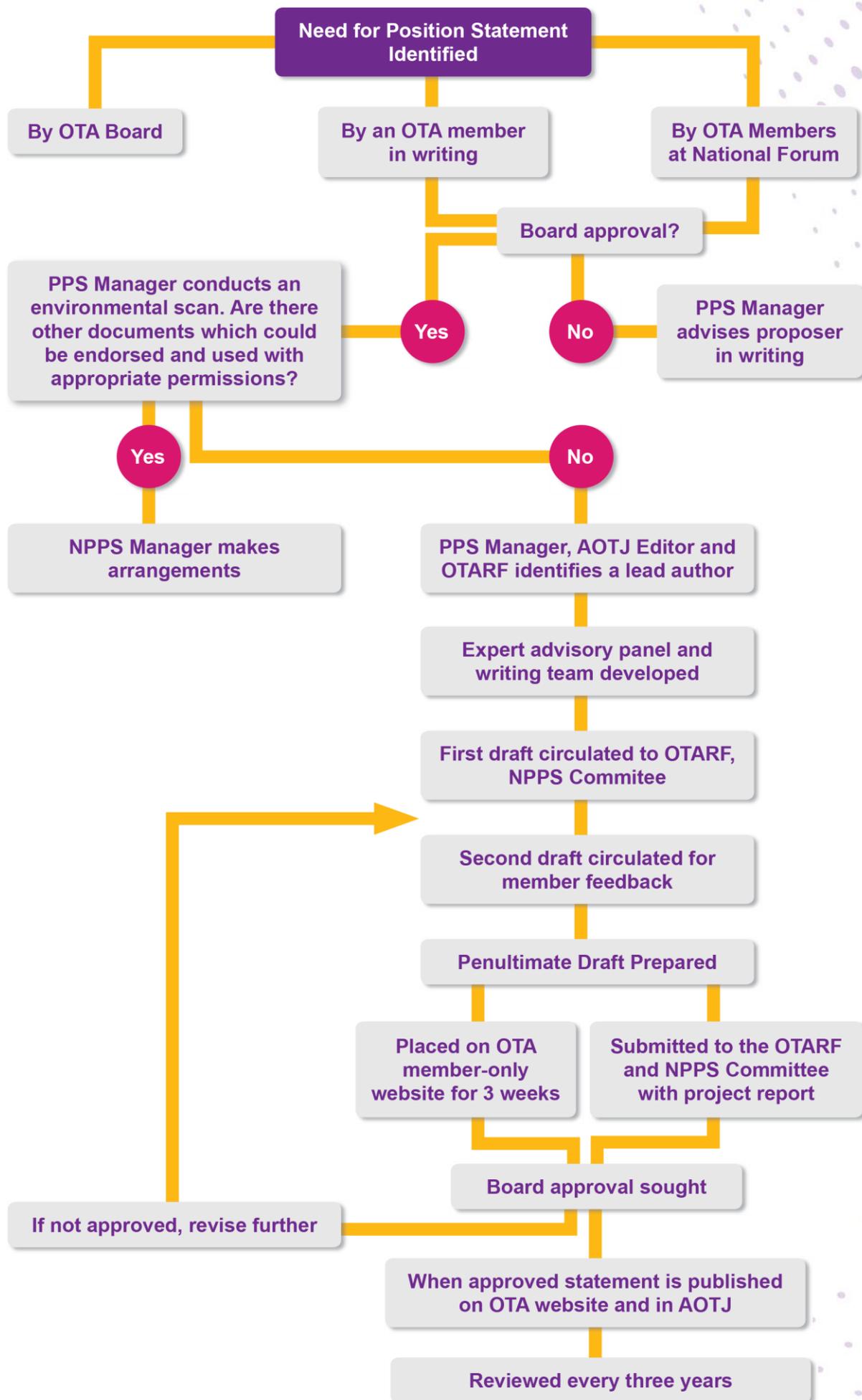
### **STEP 8: Monitoring Impact and Usage**

The Journal will be able to provide and download citation data. Additional qualitative feedback can be sought by the PPS Manager via email and surveys if there is a need.

### **STEP 9: Evaluation**

Position Statements are released with a review date (typically 3 years). It is the responsibility of the PPS Manager to monitor the review dates of Position Statements and arrange for timely review within 3 months of the expiry of the review date.

**FIGURE 1: Flow chart showing consultation and engagement**



## 4 Guides to Good Practice

### 4.1. Guide to Good Practice

The Guide to Good Practice format (a 20-40-page document) has been adapted from international practice guides, and is intended to:

- Identify and refer to a range of relevant documents, regulations and standards about which OTs should be aware, aligned to the scope and focus of the Guide.
- Outline the expectations for good occupational therapy practice of relevance to the scope and focus of the Guide.
- Provide a level of detail as to what good practice actually looks like, that is, operationalise some of the statements in Code of Conduct and Code of Ethics.

Guides to Good practice and Briefings can be initiated internally by National Professional and Development portfolio, or through formal structures of OTA such as Divisional Councils, SIGS, RIGS and Reference groups. Decisions regarding the range and priority of such Guides are made based on strategic priorities.

Briefing Documents are shorter and more focal versions of the Guide to Good Practice format. Briefings are developed to provide up to date guidance and reference material to enable occupational therapists to remain informed and aware of changes and developments relating to practice. These are short summaries of evidenced informed practice. They can be about 3 pages in length but must include references to cited evidence.

The suggested components and processes below hold for both Guides and Briefings, with inclusions and length at the discretion of the PPS Manager.

#### Guide to Good Practice or Briefing Document Template:

Sections highlighted in **GREEN** are standard content

- Table of contents
- Context
- Introduction

#### **SECTION 1: Occupational therapy as a profession**

- What is occupational therapy?
- Occupational therapy with ..... (key area of practice)

#### **SECTION 2: Occupational therapy practice**

- Legal and ethical frameworks and compliance (e.g.; consent, privacy, and confidentiality)
- Fees
- Advertising
- Helpful questions to consider when advertising
- Use of titles and descriptors
- Continuing professional development
- Key points: CPD

#### **SECTION 3: Occupational Therapy Practice with ... (key area of practice)**

- Evidence-based practice: knowledge for practice, applying knowledge in practice, competencies, and standards
- Collaborative practice
- Settings and contexts
- Autonomy and delegation

#### **SECTION 4: Providing high quality services for...**

- What do occupational therapists do?
- Occupational therapy process
- How do occupational therapists deliver their services?
- Record keeping and documentation

**SECTION 5:** Relevant Policies / other core relevant Standards

**SECTION 6: Funding Schemes** (Examples below)

- Access to Allied Psychological Services (ATAPS)
- Better Access to Mental Health (BAMH)
- Better Start for Children with Disability Initiative
- Chronic Disease Management Plan (five sessions)
- Enhanced Primary Care
- Medicare
- National Disability Insurance Scheme (NDIS)

**SECTION 7:** Useful general information

- Useful terms and definitions
- References

- **Date Approved**

- **Review Date**

- **Version**

## 4.2 Guide to Good Practice/ Briefing Document Guidelines

### **STEP 1: Application to have a Guide to Good Practice/ Briefing Document developed for a Topic**

Proposers should write a letter or email to the PPS Manager identifying the topic and why it requires a Guide to Good Practice/ Briefing Document. Any proposal must reference current practice supports (clinical practice guidelines, Cochrane Reviews) and articulate why a Guide to Good Practice is required.

Proposers may be legislators, representatives of government or independent statutory bodies, occupational therapy service recipients, members of OTA, or staff of OTA national or state divisions. Non-members may not propose topics.

### **STEP 2: Recommendation to develop a Guide to Good Practice/ Briefing Document**

The PPS Manager will consider the application in relation to the OTA Strategic Plan, together with the resources required to conduct the work.

A rapid evidence review by PPS Manager or delegate is required to establish any gaps between available published literature, and the practice issues for the topic. Consultation with any relevant OTA entity (such as Special Interest Groups) or key stakeholder / experts (such as OTs working in the field) is also suggested. Before a decision is made to commence work on a Guide, the PPS Manager will consult with the proposers, the OTA CEO and Board and key members to determining the urgency, priority and relevance.

### **STEP 3: Decision to develop a Guide to Good Practice or Briefing Document**

The OTA Board will decide if a Guide or Briefing will be developed on a topic. If there is support the proposers will be advised by the PPS Manager and an indicative timeline for the project will be shared. If there is no support the proposers will receive a letter from the PPS Manager advising them of the outcome and reasons for the decision will be given. OTA will only have capacity to manage the development of a limited number of publications at any one time. Rejection of a

request for a Guide/ Briefing may reflect resource or priority issues and proposers should be advised if this is the situation and potential timeframes for when it could be reconsidered. The decision will be a resolution of the Board.

#### **STEP 4: Development of a Draft Guide to Good Practice or Briefing Document**

The PPS Manager will identify a lead author and develop an expert advisory panel, chaired either by an OTA member with suitable expertise or the PPS Manager. Panel members will bring a deep understanding of practice, research, consumer, policy and/or administrative knowledge and experience related to the issue.

The expert advisory panel will typically include: Practitioners, Managers, Researchers, Educators, Consumers and people with expertise in policy/ administration.

- If the Guide/ Briefing relates to a matter of consumer safety and awareness, and safe implementation of interventions, every effort should be made to include a panel member with expertise in knowledge translation.
- If the Guide relates to students or the student experience, their membership should be invited.

The expert advisory panel members may or may not all be involved in writing the Draft Guide to Good Practice. Where an advisory panel restricts its activities to advising and resource sharing, a writing team or an individual considered an expert in the area, will be engaged to develop a first draft. A writing team will have a lead author and co-authors. Some members of the advisory panel may be members of the writing team.

The writing team will use the template attached. In addition: -

- Research based clinical or policy guidelines must be referred to if available (e.g.: Cochrane Reviews, Systematic Reviews etc.).
- The Statement must be consistent with the Constitution, Code of Ethics and Strategic Plan of the Board; explicit reference must be made to relevant clauses of these documents;
- The writing team will select up to 5 keywords (MeSH) for indexing.

#### **STEP 5: Consultation**

The PPS Manager will circulate the draft to the NPPS committee for preliminary feedback and will liaise with the Advisory Group and Writing team for revisions of the draft. The revised Draft Guide to Good Practice/Briefing will be open for member consultation for a period of not less than 6 weeks.

#### **STEP 6: Revision**

The PPS Manager will collate and coordinate consultation feedback and liaise with the writing team for revision of the Draft to a Penultimate Guide to Good Practice/ Briefing Document. This penultimate version will be placed on the member only section of the website for 3 weeks for a final round of feedback. The Penultimate Guide to Good Practice/ Briefing Document will be submitted to the NPPS Committee together with a project report on the topic, advisory panel membership, writing team, consultation process, revision and overall project operations. If the NPPS Committee are satisfied with the Guide/Briefing they are to refer to the OTA Board for endorsement.

#### **STEP 7: Approval**

The OTA Board will consider the Guide to Good Practice/ Briefing Document at its next available meeting and will review the Statement from the perspective of assessing whether there are any risks to OTA as a result of the content of the final version. They can approve, or return to the NPPS Manager for further work if needed.

#### **STEP 8: Publication**

The PPS Manager will facilitate the publication of the Guide to Good Practice/ Briefing Document on the OTA website shortly after approval by the Board. Publication comprises pdf for download from OTA site, and the option of short print runs to support specific events or as a tangible member benefits e.g. at Conferences. Provision of a hard copy to all contributors is suggested.

**STEP 9: Monitoring Impact and Usage**

Metrics such as download rates, uptake into CPD and SIG activities, any integration into undergraduate training, and requests for any hard copies will be reviewed.

**STEP 10: Evaluation**

Guides to Good Practice/ Briefing Documents are released with a review date. It is the responsibility of the PPS Manager to monitor the review dates of Guides to Good Practice/ Briefing Documents and arrange for timely review within 3 months of the expiry of the review date.

## 5 Issues Papers

### 5.1 Issues Paper Policy

Issues papers summarise key issues and challenges being experienced by the profession, its context (via an environmental scan), proposals for action, and proposed outcomes.

Issues papers are useful to distil complex situations and include a proposal for action to be considered by the Board. When developed, the Board will determine actions based on strategic priorities. This may include the development of a Position Statement and / or Guide to Good Practice and / or targeted lobbying activities based on key issues.

#### Issues Paper Template

**[INSERT NAME] Issues Paper**

- ISSUE SUMMARY  
Provide a brief summary of the issues
- PROPOSED DESIRED OUTCOME  
Policy change, extra funding
- CONTEXT  
Legislation; jurisdiction i.e. federal/state; policy; emerging area of practice; key stakeholders etc.
- PROPOSAL  
(suggestions re. how this issue can be addressed - include actions; anticipated benefits)

### 5.2 Issues Paper Guidelines

**STEP 1: Initiation**

Issues papers are initiated internally by the Professional Standards portfolio or the Government Relations and advocacy portfolio, or through formal structures of OTA such as Divisional Councils, SIGS, RIGS and Reference groups.

**STEP 2: Recommendation to develop an Issues Paper**

The PPS Manager will consider the case for Issues paper development in light of:

- Alignment with the OTA Strategic Plan

- Clarity of request: will an Issues Paper assist OTA staff and members to speak with one understanding on a complex problem?
- Nature of issue: is it controversial? Likely to continue? Risks of not addressing the issue? Likelihood of the issue being called up in lobbying / advocacy? Potential for an Issues Paper to inform future position statements / guides etc.
- Resourcing, urgency, priority, relevance and the capacity of initiators to contribute to the work.

### **STEP 3: Decision to develop an Issues Paper**

OTA CEO and PPS Manager decide if an Issues Paper will be developed on a topic. If there is support the proposers will be advised by the PPS Manager and an indicative timeline for the project will be shared. If there is no support the proposers will receive a letter from the PPS Manager advising them of the outcome and reasons for the decision will be given. OTA will only have capacity to manage the development of a limited number of Issues Paper at any one time. Rejection of a request for an Issues Paper may reflect resource or priority issues and proposers should be advised if this is the situation and potential timeframes for when it could be reconsidered. The Board will be informed.

### **STEP 4: Development of a Draft Issues Paper**

The PPS Manager will identify a lead author and set of 'critical friends' to ensure evidence, current practice, current training and socio-political aspects are considered.

- If the Issues Paper relates to a matter of consumer safety and awareness, and safe implementation of interventions, every effort should be made to include a panel member with expertise in knowledge translation.
- If the Issues Paper relates to students or the student experience, their membership should be invited.

### **STEP 5: Consultation**

The PPS Manager will circulate the draft to the NPPS committee for preliminary feedback and will liaise with the Advisory Group and Writing team for revisions of the draft. The revised Draft Issues Paper will be open for member consultation for a period of not less than 6 weeks.

### **STEP 6: Revision**

The PPS Manager will collate and coordinate consultation feedback and liaise with the writing team for revision of the Draft to a Penultimate Issues Paper. This penultimate version will be placed on the member only section of the website for 3 weeks for a final round of feedback. The Penultimate Issues Paper will be submitted to the NPPS Committee together with a project report on the topic, advisory panel membership, writing team, consultation process, revision and overall project operations. If the Professional Practice and Standards Committee are satisfied with the Position Statement they are to refer to the OTA Board for endorsement.

### **STEP 7: Approval**

The OTA Board will consider the Issues Paper at its next available meeting and will review the Issues Paper from the perspective of assessing whether there are any risks to OTA as a result of the content of the final version. They can approve or return to the PPS Manager for further work if needed.

### **STEP 8: Publication**

The PPS Manager recommend to the OTA Board and internal stakeholders, whether the Issues Paper is to be published on the OTA website or made available to the membership only

### **STEP 9: Monitoring Impact and Usage**

OTA will monitor download rate, uptake into CPD and SIG activities, any integration into undergraduate training, and requests for any hard copies.

**STEP 10: Evaluation**

Issues Papers are released with a review date. It is the responsibility of the PPS Manager to monitor the review dates of Issues Paper and arrange for timely review within 3 months of the expiry of the review date.

## 6 MEDIA RELEASES

### 6.1 Media Release Policy

OTA generates Media Releases in order to a) respond to emerging issues of significance to its members and the profession and b) to be proactive to promote the good work undertaken by particular members, to raise the profile of the profession more generally or to draw the public's attention to issues of concern.

### 6.2 Media Release Guidelines

**STEP 1: Initiation**

The decision to initiate a Media Release can be made by any member of OTA's staff, at the Central Office or a divisional office, or by any member of an OTA committee. Any member of OTA is able to recommend to their divisional office or the Central Office that a Media Release be initiated. The decision can be made in response to a developing issue (i.e. reactively) or as a means of promoting a positive issue (i.e. proactively).

**STEP 2: Recommendation to develop a Media Release**

Once the decision to initiate a Media Release has been made the initiator should approach the Divisional Manager in that person's state or territory and outline the reason for, and the context of, the proposed Media Release. The likely content of the Media Release should also be canvassed.

The initiator / relevant Division Manager of the proposed Media Release should contact the Manager, Government Relations, at the Central Office. The Policy Officer at the Central Office should be copied into this correspondence.

**STEP 3: Decision to develop a Media Release**

The Manager, Government Relations, will decide with the CEO and / or Division Manager whether or not to develop a Media Release. This decision will be informed by consultations with occupational therapists acquainted with the issue.

**STEP 4: Development of a Media Release**

Once it has been decided to develop a Media Release, this will be the responsibility of the Manager, Government Relations, in consultation with the Policy Officer at the Central Office and, if the issue pertains to one state or territory, the Divisional Manager in that state or territory.

**STEP 5: Consultation**

In developing a Media Release, the Manager, Government Relations will consult occupational therapists acquainted with the issue. These occupational therapists might, but do not have to, be a member of the relevant National Reference Group or a relevant committee of OTA. In developing the Media Release, the Manager, Government Relations, can draw on the experience, expertise and advice of those OTA members with particular understanding of the issue.

At any stage in the process of deciding to develop, or the development of, a Media Release, the Manager, Government Relations, can consult with the Chief Executive Officer. Such consultation should definitely occur if the subject of the Media Release is potentially a significant risk to OTA or the profession.

The first draft of the Media Release will be written by either the Manager, Government Relations, or the Policy Officer.

**STEP 6: Revision**

Once completed to the satisfaction of the Manager, Government Relations, the Media Release should be reviewed and revised by those people who have been consulted during the development of the document. Their edits to the document should be tracked, enabling the National Manager, Government Relations, to accept or reject them as he or she deems appropriate.

**STEP 7: Approval**

The proposed final draft of the Media Release is forwarded to the Chief Executive Officer for amendment or approval.

**STEP 8: Publication**

Once finalised, the Media Release is considered ready for publication and is placed on OTA's Media Release template.

The Manager, Government Relations, is listed on the Media Release as the first point of contact for journalists but may subsequently refer the journalist to a particular occupational therapist who has agreed to be OTA's spokesperson on this matter.

The Manager, Government Relations, will issue the Media Release through a range of media channels. Where the Media Release pertains to one state or territory, the Media Release is issued to media outlets in that state or territory only but is still issued to specialist health and medical reporters across the country.

The Manager, Government Relations, follows up this email with telephone calls to those journalists he or she considers most likely to be interested in the issue.

The final Media Release is posted on the OTA website to facilitate access to its content by members and the general public.

**STEP 9: Monitoring Impact and Usage**

The Manager, Government Relations, with the assistance of Divisional Managers, monitors the impact and usage of the Media Release across the country.

**STEP 10: Evaluation**

Once the Manager, Government Relations, considers the news story generated by the Media Release to have run its course, he or she assesses the Media Release's impact. If the news story is deemed to have had a significant impact, this evaluation is brought to the attention of OTA's membership by way of *e-nOTices* or *Connections* magazines.

## 7 Submissions

### 7.1 Submissions Policy

OTA Submissions are written in response to proposed or actual changes in legislation or policy initiated by another party, such as a regulatory authority or a government department or agency, which are likely to have an impact upon the interests of occupational therapists and/or their clients and patients.

OTA may be invited by that party to comment in general on the relevant issue or to address the proposed or actual changes specifically.

Alternatively, OTA may provide comment to another party on an area or areas of concern to the profession as an act of proactive advocacy.

### 7.2 Submissions Guidelines

#### **STEP 1: Initiation**

The decision to initiate a Submission can be made by any member of OTA's staff, at the Central Office or a divisional office, or by any member of an OTA committee. Any member of OTA is able to recommend to their divisional office or the Central Office that a Submission be initiated.

The decision can be made in response to proposed or actual changes in legislation or policy initiated by another party, such as a regulatory authority, a government department or agency, which are likely to have an impact upon the interests of occupational therapists and/or their clients and patients.

Alternatively, OTA can provide comment proactively to another party on an issue or issues of concern to members.

It is imperative therefore that OTA monitor the activities of all Australian parliaments, parliamentary committees and those government agencies and departments responsible for areas such as health, aged care, human services, disability services, Indigenous affairs and veterans' affairs.

The OTA Central Office should focus particularly on federal parliament and its committees, on Commonwealth departments and agencies, and on federal regulatory bodies.

Divisional Managers should focus on their state or territory parliament and its committees, and on their relevant state or territory government departments or agencies.

When deciding whether to make a submission, consideration should be given to OTA's Lobbying and Advocacy Framework, as well as the impact of the issue on the occupational therapy profession, consumers and the broader community.

#### **STEP 2: Recommendation to develop a Submission**

At state or territory level, once the decision to initiate a Submission has been made the initiator should approach the Divisional Manager in that person's state or territory and make the case for developing a Submission. The purpose and likely content of the Submission should also be canvassed.

The Divisional Chair and Divisional Council should be consulted as to the appropriateness of OTA making a Submission.

If the Divisional Manager decides that a Submission should be developed or seeks guidance on the appropriateness of making a Submission, he or she should approach the Manager, Government Relations at the Central Office. The Policy Officer at the Central Office should be copied into this correspondence.

If the proposed Submission is in response to, or pertains to, a federal parliamentary committee or a federal department, agency or regulatory authority, the recommendation to make a Submission should be forwarded to the Manager, Government Relations.

### **STEP 3: Decision to develop a Submission**

The Manager, Government Relations, will with the CEO, decide whether or not to develop a Submission. This decision will be informed by consultations with relevant Reference Groups and occupational therapists acquainted with the subject matter of the inquiry. These occupational therapists might, but do not have to, be a member of the relevant National Reference Group or a relevant committee of OTA.

### **STEP 4: Development of a Submission**

Once it has been decided that OTA will make a Submission to the inquiry, the Manager, Government Relations, or the Policy Officer, will forward the inquiry's Terms of Reference and associated questions to relevant national or state-based Reference Groups and request evidence, data, case studies and examples that will inform OTA's submission. Clearly, this material will determine and support OTA's position on the matters under consideration.

At all times in the development process, careful attention should be paid to its timeframe, ensuring the Submission is developed, reviewed, approved and lodged with the inquiring authority before the closing date for submissions.

### **STEP 5: Consultation**

The Manager, Government Relations may discuss the purpose and content of the Submission with other members who have particular expertise in the area that the Inquiry is focusing on. The OTA Central Office issues a request for feedback through *e-nOTices*, the OTA website or social media. It might also establish a Survey Monkey™ to elicit feedback. The survey link may be sent to relevant interest groups through the OTA database.

Previous OTA Submissions (both national and state or territory) should be consulted, and any relevant material in these can be incorporated into the Submission. It should be ensured that OTA's arguments and recommendations are in line with those in previous Submissions and that they do not contradict anything that OTA has said previously.

Clearly, if there is to be a change in OTA's position on a given issue or in a given area, this needs to be approved by the OTA Board.

The decision to develop a Submission may be reversed if there is insufficient feedback to populate, and therefore justify a Submission. OTA should not compromise its reputation for intelligent and informed contribution to public discourse by preparing submissions for their own sake. If OTA wishes to make a few simple points on an issue, but does not have enough content to sustain a formal Submission, a letter should be written instead.

### **STEP 6: Structure of a Submission**

The structure of the Submission will be largely determined by the feedback received. The intention should be to use the inquiry's questions as headings, unless there is insufficient content to address all or most of these. An alternative structure could be a list of problems/issues. Recommendations

should be highlighted at the end of each section and a summary of these recommendations should be included at the start and end of the Submission.

For state or territory Submissions, Divisional Managers should collate all feedback and populate a submission template. They should also write the introduction, context and recommendations. The Central Office will assist with writing certain sections and reviewing the final draft.

In the case of national Submissions, the first draft will be written by either the Manager, Government Relations, or the Policy Officer. At times, it might be appropriate for another OTA staff member or OTA member with particular expertise in the relevant area to write the first draft. All OTA Submissions should include an offer for representatives of OTA to appear in person before the inquiring authority in the event that the inquiring authority decides to hold public hearings. This enables OTA to expand upon its arguments and/or clarify points made in its written Submission.

#### **STEP 7: Revision**

Provided there is sufficient time before the due date, the Manager, Government Relations, sends a draft of the Submission to the relevant Reference Groups and any other selected OTA members with particular expertise in its subject matter for review. Other OTA staff members may also be asked to review drafts of submissions.

At this stage in the Submission's development, version control is crucial. All people reviewing the document should be instructed to track their changes to it. Ownership of the paper rests with the Manager, Government Relations, until such time it is submitted and published on the OTA website. While the document is made publicly available, OTA maintains full ownership of the content.

#### **STEP 8: Approval**

Once the latest draft of the Submission has been approved by the relevant Reference Groups and expert members, it is forwarded to the Chief Executive Officer for amendment or approval.

#### **STEP 9: Making the Submission**

The final Submission should be placed on OTA's standard submission template and be forwarded to the inquiring authority by the Central Office. Unless OTA receives confirmation of its receipt by the inquiring authority, the Central Office should make a follow-up telephone call to confirm successful delivery of the Submission.

Unless the inquiring authority stipulates otherwise, OTA should post its Submission on the OTA website and social media pages.

The final version of the document is saved in an appropriate location in the 09 PROFESSIONAL REPRESENTATION folder on the shared drive, where it can be accessed by other members of staff in the OTA Central Office.

The Submission should also be brought to the attention of OTA's membership by way of *e-nOTices* or *Connections* magazines. OTA should continue to provide updates for members on the progress of the inquiry and advise them when the final report is released.

#### **STEP 10: Evaluation**

OTA's evaluation of the impact of a Submission will be largely determined by the conduct of the inquiry and the inquiring authority's final report.

If, for example, representatives of OTA are invited to appear in person before the inquiry, or the final report makes specific mention of OTA's Submission, it can be asserted to OTA's membership that our Submission had a significant impact. This fact should be conveyed to members by way of the website, social media, *e-nOTices* and *Connections* magazines.

## 8 Distribution

OTA members are made aware of which documents are under production through PPS Manager updates and articles in *e-nOTices* and *Connections* magazines. Final documents are released via the OTA website (freely available to download) and alerts are released through OTA communications. Print runs of certain documents to occur on an as needs basis.

## APPENDIX 1: Documentation Framework Style Guide

This Style Guide for Occupational Therapy Australia's Documentation Framework follows the requirements for submission to the Australian Occupational Therapy Journal, as OTA's Position Papers and Good Practice Guides are published annually in the Journal. This can be found at: [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1440-1630/homepage/ForAuthors.html](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1440-1630/homepage/ForAuthors.html) and this Style Guide has been adapted from this material with permission.

### General Points:

- The document is to be double-spaced in 12-point Times New Roman or Times Roman font.
- Australian-English spelling must be used.
- The abbreviation of "OT" or "OTs" is not to be used, instead "Occupational Therapy" or "Occupational Therapists" is to be written out in full.
- The document must not contain any identifying information about specific people, programs, locations or study sites.
- The *Publication Manual of the American Psychological Association, Sixth Edition* and/or the official companion APA Style Blog (<http://blog.apastyle.org/apastyle/>) must be consulted to prepare correct citations and references. All journal articles published after 1997 must include the digital object identifier (doi) presented according to APA style rules.
- Abbreviations must follow the *Publication Manual of the American Psychological Association, Sixth Edition* /or the official companion APA Style Blog (<http://blog.apastyle.org/apastyle/>); this includes abbreviations in the reference list.
- The document must use the templates contained within the Documentation Framework.
- Any people or institutions who were acknowledged in the document must give written permission.

### Specific Points – Further Information

#### Spelling

Australian spelling is used and should follow the latest edition of the [Macquarie Dictionary](#). Note spelling of the following commonly used words spelled based on Australian standards: centre, standardise, hospitalise, analyse, civilise, ageing, colour, honour, program, paediatrician, install. Please note the difference between *practice* as a noun and *practise* as a verb.

#### APA Style

Documents should follow the style of the American Psychological Association (6th edition), except in regards to spelling. The APA website includes a [range of resources for authors learning to write in APA style](#), including [An overview of the Publication Manual of the American Psychological Association, Sixth Edition](#) ; [free tutorials on APA Style basics](#) and an [APA Style Blog](#). Please note APA referencing style requires that a DOI be provided for all references where available.

#### Footnotes and Endnotes

Are not to be used, except where needed with tables (see below).

#### Terminology

Choice of terminology used to describe a person with an impairment or disorder should reflect respect (e.g., do not use 'an autistic', 'the epileptics', 'the mentally retarded'), should protect dignity

(e.g., do not use 'suffering', 'case'), and should be free of stereotypes (e.g., do not use 'confined to a wheelchair', 'victim').

### **Units**

All measurements must be given in the [International System of Units \(SI\)](#) or SI-derived units, being the modern form of the metric system.

### **Abbreviations**

Abbreviations should be used sparingly - only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only. Do not use abbreviations in the title or abstract of the article. The abbreviation of OT referring to occupational therapist or occupational therapy is not acceptable in the manuscript. Use occupational therapist or occupational therapy, as appropriate.

### **Figures and Tables**

There is a limit of four tables and/or figures/ images per document.

#### **Tables**

Tables should be self-contained and complement, but not duplicate, information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate sheet with the legend above. Legends should be concise but comprehensive - the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order).

#### **Table and Figure Titles and Legends**

Legends should be concise but comprehensive - the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

#### **Figures**

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration.

*Preparation of Electronic Figures for Publication:* Publication requires high quality images to prevent the final product being blurred or fuzzy. Submit EPS (line art) or TIFF (halftone/photographs) files only. MS PowerPoint and Word Graphics are unsuitable for printed pictures. Do not use pixel-oriented programs. Scans (TIFF only) should have a resolution of 300 dpi (halftone) or 600 to 1200 dpi (line drawings) in relation to the reproduction size (see below). EPS files should be saved with fonts embedded (and with a TIFF preview if possible). For scanned images, the scanning resolution (at final image size) should be as follows to ensure good

reproduction: line art: >600 dpi; half-tones (including gel photographs): >300 dpi; figures containing both halftone and line images: >600 dpi.

### ***Photographs***

Statements of permission to publish must accompany all photographs of identifiable persons at the time of submission.

### **References:**

American Psychological Association. (2010). Publication manual of the American Psychological Association, sixth edition. American Psychological Association.

Wiley Online Library. (2017). Author Guidelines: Australian Occupational Therapy Journal.

Retrieved from: [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1440-1630/homepage/ForAuthors.html](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1440-1630/homepage/ForAuthors.html)



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