Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions

The Review Team
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To whom it may concern:

Thank you for the opportunity to make a contribution to the Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions.

We are particularly heartened by the following notes provided in the Executive Summary of the Accreditation Review Discussion Paper:

‘the final objective confirms that the vision for the Scheme as a whole is for the development of a flexible, responsive and sustainable workforce. As this Review will demonstrate, education and training, and its accreditation, can provide the necessary foundation for such a workforce.

This context includes the other health care system organisations that it interacts with, the overriding objectives of government involvement in the education, training, regulation and funding of the health workforce, and the contribution of the workforce to the efficient, effective and equitable operation of the health system as a whole.’

Relevance of massage and Myotherapy

Massage is recognised and practiced as a safe and clinically effective complementary treatment by health, allied heath, and natural health professionals across Australia that have acknowledged codes and standards.

Massage & Myotherapy Australia represents over 8500 professional massage, remedial massage and myotherapists in Australia, being at the forefront of developing a new professional standards and quality assurance scheme in order to harness the higher education, diversity, creativity, and professionalism of massage therapists.

The Association’s new Certification and Quality Assurance scheme, currently under development, provides a professional framework for consistent and reliable national Best Practice Standard (BPS) and Quality Assurance (QA), for the Australian massage industry that is monitored and reported.

It is in the context of integration and the use of massage primary healthcare and allied health professionals that we make this submission.

While only a small part of the medical / health services system, massage, remedial massage and myotherapy is now an integral part.
A 2013 study found that over 75 per cent of Australian surveyed GPs regularly refer patients to a massage therapist with Australian qualifications, occasionally to weekly (Wardle et al., 2013). Another Australian study found that women experiencing chronic bodily pain prefer a concurrent multimodality approach (accessing conventional treatments alongside massage therapy) to cope with their condition, and suggest that women may consult a massage therapist if they are unsatisfied with conventional treatment (Walker et al., 2004).

With massage therapy is well entrenched as a complementary health service, the new Certification Scheme is a vital development in assisting Registered health professionals and Unregistered health practitioners to better understand and refer to massage and myotherapy where it is most needed and appropriate. Hence, achieving greater recognition through professional Continuing Professional Development (CPD) frameworks for existing GPs etc. is essential for tackling any workforce knowledge deficits.

The education and accreditation of Registered Health Professionals may be enhanced by including components pertaining to the mapped or defined competencies and BPS of massage therapists and myotherapists and specialist modalities relevant to given conditions. The taxonomy of qualified massage, remedial and myotherapists now illustrates the complexity of treatment applications, and that a higher level of understanding of health service providers is required if GPs and allied health professionals are to provide informed advice to their patients concerning massage.

Interprofessional education, learning and practice

A basic understanding of Best Practice Standards, massage modalities in relation to given conditions and qualifications, would assist registered health professionals in referring patients to massage therapists with recognised and appropriate competencies and qualifications.

Increasing the breadth and depth of massage and massage-related topics in pre-registration training for other health professionals – particularly those who are drivers of therapy via referral – is important if patients are to receive the best guidance and advice concerning massage.

In August 2016, approximately 6.5 percent of Massage & Myotherapy Australia’s membership held Advanced, Baccalaureate or Masters. This is increasing over the next two years as graduates from new myotherapy degree cohorts complete their initial qualifications.

Additionally, the current iteration of the HLT52015 Diploma Remedial Massage implemented nationally in 2016, has undergone major changes to respond to the demands of industry for a higher standard of training in regards to underpinning knowledge, performance skills and assessment requirements the students must complete over a minimum of 12 months. The outcome is an increase in the standard of training.

It is also important to note assessors within Colleges must now also satisfy the Standards for Registered Training Organisations (RTOs) 2015/AQTF mandatory competency requirements for assessors under the TP standards. Assessors must have; current clinical experience working as a remedial massage therapist providing services to the general public; hold practicing membership of an Australian professional body that represents remedial massage therapists and fulfill the continuing professional development requirements of the professional body to which they belong.

Accreditation standards of registered health practitioners should seek to ensure health practitioners are equipped with a balanced understanding of contemporary practices and standards across a range of disciplines and professions, including massage. Such accreditation standards should anticipate and support the increasing focus of Australian health service frameworks and models on client-centric and client-driven care.
Future health professionals will enter practice where services are increasingly sought and demanded by consumers empowered not only by greater levels of control over funding and service mixture, but by information. In order to properly and effectively function in such a marketplace, health professionals must enter that marketplace with at least a basic grasp of the variety of services available to consumers, and importantly, the range of other health professions who provide those services.

This knowledge should be acquired regardless of any specific discipline or area of practice, and should be as consistent as possible across pre-registration and pre-practice education programs and pathways (allowing for reasonable appropriate contextualisation to accommodate marketplace diversity).

**Clinical experience and student placements**

Clinical experience with real people remains the cornerstone of education underpinning any human services practices, most especially those requiring direct physical contact between people for the purposes of some therapeutic outcome. Alternative and innovative practices such as simulation-based learning, including those assisted by technology, are increasingly used as a means to overcome a variety of challenges such as distance learning, access and equity, scalability, consistency, and quality assurance.

Incorporation of such approaches into curricula is already relatively mature, being an established practice across a range of education and training providers in Australia’s VET and Higher Education tertiary education sectors. Accreditation standards continue to grapple with setting consistent measures for what are acceptable levels, and types, of such practices. Striking a balance between ensuring genuine practical skills development and sustainable solutions to the increasingly difficult challenge of demand for clinical experience rapidly exceeding traditional supply is a persistent problem.

Practices such as simulation-based training face inherent difficulty in fully addressing practice requirements at a task level where human contact is required. However, it is entirely possible to develop comprehensive and stimulating scenarios that deliver an immersive learning experience for students, encompassing a wide variety of the features of real-world situations. These scenarios should wherever possible be encouraged to incorporate the standards, outcomes, care models and professional frameworks of the multitude of health professionals surrounding a patient or health consumer. Ensuring theory components of the knowledge base mirror this inter-professional approach will of course also be required.

For nationally accredited education and training this can be achieved through inclusion in units of competency and qualification packaging rules. For example, it is questionable that nurses or other Allied Health professionals that regularly provide a form of massage to patients have equivalent massage specific training, have greater efficacy and best outcomes than those with formal massage qualifications.

The practical experience in their training, although tertiary, is usually less than qualified massage therapists.

For therapist in independent practice by comparison, the minimum requirements for a Diploma in Remedial Massage Therapy include among other things, 200 hours of massage client consultation work that must be completed on campus under supervision with a qualified assessor. The student must also prepare for and manage at least 60 remedial massage treatment sessions in a professional clinic environment that reflects current industry requirements and workplace conditions. Clients must also include males and females, the elderly and injured from different stages of life with varied presentations and specific health conditions such as arthritis, headaches, joint pain and dysfunction, stress and anxiety, repetitive strain injuries, carpal tunnel syndrome.
sciatica and chronic pain syndrome. The Advanced Diplomas and three year baccalaureates are even more refined and are taught with extensive depth on assessment, physiology and anatomy.

Conclusion

The inclusion of appropriate awareness and depth of understanding by practitioners’ under the NRAS, around the scope of massage, remedial massage and Myotherapy can be achieved with a combination of collaboration through institutional course development and ongoing professional development programs.

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