MASSAGE & MYOTHERAPY AUSTRALIA

A submission in response to Aged Care Worker Regulation Scheme Consultation Paper

June 2020

Aged Care Worker Regulation Scheme Consultation
Department of Health
Attention: Joe Forbes

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Date

To whom it may concern

Thank you for the opportunity to add our perspective and experiences to the Aged Care Worker Regulation Scheme Consultation.

The main thrust of the Association's submission is the avoidance of duplication, recognition of what is already working and the limitation of the current Code of Conduct for Healthcare Workers in regard to information sharing which have obvious parallels for an Aged Care Worker Regulation Scheme.

Yours sincerely

Ann Davey

CEO

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Overview

About Massage & Myotherapy Australia

Massage & Myotherapy Australia (the Association) is the sector's leader and driving force towards evidenced-based massage and myotherapy services.

Massage & Myotherapy Australia is a not-for-profit organisation formed in 2003. As the leading representative body for massage therapists, remedial massage therapists and myotherapists nationwide, we currently serve over 8,600 professionally-qualified member therapists. Members must:

- hold a current qualification from a Registered Training Organisation (RTO)
- hold current Senior/Level 2 First Aid Qualifications
- hold current Malpractice, Public Liability Insurance (minimum $2,000,000)
- complete a statutory declaration, indicating that they have not been charged with or convicted of an offence of harm to a person nor been subject to disciplinary proceedings with a Private Health Fund
- undergo continuing professional education to a specified number of hours each year.

Massage and myotherapy for the aged and infirm

Massage and myotherapy are not cures for conditions brought on by age, disease, or overuse. Massage and myotherapy play an important role in prevention, management, and rehabilitation.

Professional, qualified massage therapists and myotherapists often fill the gap when clients seek alternatives to medications and other therapies because they feel that massage and myotherapy provide a level of relief that is appropriate to their needs.

For the aged, this relates to maintaining mobility and the ability to live independently, managing pain and stress, and receiving palliative and end-of-life care. (See Appendix 1: A summary of recent studies)

Massage and myotherapy defined

There are many confusing terms used to describe massage therapy and myotherapy services that assist in achieving physical and mental health.

The confusion of terms has blurred the lines between quasi-massage and massage administered by a qualified professional therapist.

Massage & Myotherapy Australia describes therapeutic and remedial massage and myotherapy as manual manipulation therapies involving the deep or shallow soft tissues of the body including muscles, tendons, and ligaments.

Adjunct services and techniques that extend beyond hands-on direct physical contact and that combine the use of devices or supplementary techniques, such as myofascial dry needling or aromatherapy, augment massage or soft tissue manipulation therapies, but they are not massage.

Clinically-focused massage modalities which, depending on the condition and circumstances, can combine a variety of massage techniques to help address and describe the appropriate and effective massage techniques for conditions or lifestyle issues. As with all health-related therapies, no two people respond in the same way.

As a guide, therapeutic massage assists with the relief from aches, pains, and stress-related symptoms.

Remedial massage and myotherapy are useful therapies in pain management *arising from* chronic musculoskeletal conditions, postural conditions, sporting, and occupational injuries.

Myotherapists, and remedial therapists with the appropriate training, apply the higher-level skills required for advanced assessment and treatment protocols.

Qualified therapists generally use an integrated approach, drawing on a variety of techniques and adjunct services to assist in addressing a specific condition. *These conditions include disease and injury, dysfunction and pain, and emotional issues as listed in the following table:*

Table 1: Conditions for which massage is applied

Disease and injury	Dysfunction and pain	Emotion
palliative conditions, i.e. cancer	postural & thoracic	neural tension
muscular tears & strains	sacroiliac, lumbar & hip	tension & stress
tendonitis & tendinopathy	neck & shoulder	relaxation
surgery recovery	reduced range of motion	headaches
	reduced fitness & strength	restlessness

Why is the Association making this submission?

There are many parallel issues and challenges affecting Unregistered Health Care Workers (UHCWs) and Personal Care Workers (PCWs).

These include providing a personal level of care, often to vulnerable clients including the aged and infirm, and few barriers to entry for lower skilled workers.

The National Code of Conduct for Health Care Workers includes massage and remedial therapists and myotherapists.

Many issues and concerns raised in the Department of Health's, consultation paper 'Aged Care Worker Regulation Scheme' are like the issues and concerns affecting the massage and myotherapy sector.

To address these issues, Association members must also comply with the Association's Code of Ethics and Standards of Practice, Code of Conduct, Insurance, Police Checks for therapists participating in the Quality Assurance Certification, and Professional Development requirements to maintain their membership.

Under the authority of the Association's Board, the National Ethics Committee (NEC), manages and addresses any complaint made against a member, referring formal complaints involving criminal misconduct to a government authority.

In response to the Department's call for submissions, the Association provides the following to assist in the development of a regulatory framework for PCWs.

Consultation questions

Assessments of criminal history

1. What is your preferred approach to aged care worker criminal history assessments?

The Association prefers **Option A2** – Centralised assessment of criminal history for workers (based on *the* NDIS model).

This process appears to be working well for the NDIS and is similar to *the* federal and state complaints registration schemes for UHCWs.

Assessment of information other than criminal history

3. If there were to be a centralised assessment of criminal history, should any other matters be routinely taken into account? If so, which of the following options should be considered?

To ensure a consistent national approach across all states, a central register of approved PCWs would ideally provide a far more reliable reference for employers, and authorities, than the current more ad hoc system.

However, without the sharing of information across jurisdictions, maintaining accurate records is a challenge, if not impractical, given the large number of authorities, jurisdictions, government and non-government bodies that are involved in the keeping of PCW records.

Within the massage sector, the abilities of associations and employers of therapists vary considerably in their due diligence requirements for membership, complaints handling, and record-keeping, which in our experience is often subject to the skills, abilities and availability of staff.

Given the broad or inclusive definition proposed for PCWs, which can include duties performed by unregistered health workers, there is a need to ensure that state and federal authorities can access the formal complaints and disciplinary information records of member Associations.

Massage & Myotherapy Australia keep accurate records and conduct membership application checks as thoroughly as possible within current privacy provisions which limits the sharing of members' private records.

Like the massage and myotherapy sector, without a more reliable mechanism such as *a* central state or federal reference-checking facility, unscrupulous individuals, with a history of complaints of a criminal nature, but no convictions in a criminal court, can enter employment in the aged care sector undetected.

Therefore, the Association believes a model that includes all 4 options (**Option B1 to B4**) is the only method of ensuring a more comprehensive centralised assessment service, that offers the greatest likelihood of providing an appropriate level of protection for aged people who require care and assistance.

Code of Conduct

5. What is your preferred approach to a code of conduct? (select one or more options)

Many massage therapists and myotherapists work within the NDIS scheme, the Code of Conduct for Healthcare Workers, as well as in aged care settings.

Given this, a third Code of Conduct specifically for PCWs appears to be an unnecessary duplication for them, creating more 'red tape' and an additional barrier to employment for UHCWs within the aged care sector.

Hence, the Association supports a combination of **Option C1** – maintaining existing arrangements but augmented by **Option C2** involving the adoption of the NDIS Code of Conduct, and mandatory criminal history checks.

Proficiency in English

7. What is your preferred approach to strengthening English proficiency in aged care?

Being a tactile healthcare service, massage therapists and myotherapists must develop a level of empathy and understanding regarding their clients, irrespective of the type of therapeutic, remedial, myotherapy or clinical therapy they provide. This ensures that the conditions and circumstances of their clients are always known and taken into consideration.

Notwithstanding the benefits of having people who speak languages other than English, PCWs, who work within the private spaces of, or with older people per se, should be able to do the same, given the myriad of conditions and physical and mental challenges facing older people in care.

Effective communication skills, and a reasonable proficiency in English are necessary to establishing at least a working rapport with much of the aged population that are in care or that receive assistance.

Therefore, **Option D2, e**stablishing a requirement for PCWs to demonstrate their proficiency in English as part of a registration process (consistent with the National Scheme) is the preferred option of the Association.

Minimum qualifications

10. What are the other options for strengthening the skills and knowledge of PCWs in delivering aged care?

Within the massage and myotherapy sector a range of conditions and circumstance demand a range of responses from therapists. There are however, no barriers to entry, and any person can 'hang out a shingle', perform a quasi-massage, and charge a fee. For example, unqualified or poorly qualified therapists may provide shoulder and neck massages in shopping centres. Despite this, low-level entry enables a low skill entry point into the sector that presents little risk to clients.

Where remedial and myotherapy services provide relief of symptoms of pain and stress, or clinical massage such as in post-surgery and aged care, higher qualifications are necessary to ensure a level of certainty about the professional conduct, skills and therapies offered by a therapist. Supporting this is a hierarchy of qualifications as per Table 2 below. These qualifications are part of the National Qualifications Framework.

Table 2: Massage qualifications and conditions treated

Condition	Cert IV	Diploma	Advanced Diploma or Degree
Stress	✓	✓	✓
Relaxation	✓	✓	✓
Tension	✓	✓	✓
Headaches	✓	✓	✓
Muscular tears	✓	✓	✓
Postural dysfunction	✓	✓	✓
Neck dysfunction and pain		✓	✓
Thoracic dysfunction and pain		✓	✓
Lumbar dysfunction and pain		✓	✓
Sacroiliac dysfunction and pain		✓	✓
Shoulder dysfunction and pain		✓	✓
Hip dysfunction and pain		✓	✓
Tendonitis/Tendinopathy		✓	✓
Muscular strain		✓	✓
Reduced range of motion		✓	✓
Palliative conditions such as cancer		✓	✓
Neural tension			✓
Reduced fitness			✓
Reduced strength			✓

For PCWs and employers, the introduction of new qualification requirements would necessitate a corresponding detailed description of duties or scope or practice that graduates are qualified to perform, to guide employment and provide professional development pathways.

Given the variety of client needs, skills required, and duties performed by PCWs, it appears appropriate to consider a range of vocational qualifications that provide access and choice for PCWs while providing greater certainty for employers and clients as to their training and skills.

For example, performance of certain duties may not require a Cert III qualification, but be more appropriate as training provided through a Cert I or Cert II qualification; or where leadership or more technical duties require a deeper understanding, a Cert IV may be appropriate.

In this regard, **Option E2** requiring providers to be satisfied that PCWs have certain minimum qualifications or competencies appears most appropriate, providing prescribed qualifications and training are available under the National Qualifications Framework (NQF).

Continuing professional development

11. What is your preferred approach to continuing professional development?

When it comes to administering care for those in need, the importance of maintaining a skilled and 'actively learning' massage and myotherapy workforce is significant for therapists, employers, and clients.

Massage & Myotherapy Australia members must undertake Continuing Professional Development (CPD) as part of the annual Ordinary Membership renewal. This is of importance in achieving a common level of best practice standards for the benefit of clients.

The Association believes that the higher standards required of members, including the annual CPD and other active Membership requirements, is a primary reason membership has grown year-on-year for the past 15 years. This enables therapists to meet the changing industry standards such as becoming a Private Health Insurance Provider. It also helps therapists to meet the changing needs of clients and supports their personal career and professional recognition aspirations.

Used to augment formal NQF training (Cert IV, Diploma and Advanced Diploma), the Association believes CPD is vital for UHCWs, and parallels the needs of unregistered PCWs, in meeting the needs of the aged and infirm.

Hence the Association's preferred option is **Option F3** – Establish a requirement for PCWs to demonstrate they have met specified minimum CPD requirements as part of a registration process (consistent with the National Scheme).

Positive register and/or list of excluded workers

13. How should the register of cleared workers be presented?

The new powers enabling the NDIS Quality and Safeguards Commissioner to ban unsuitable providers and workers from working with National Disability Insurance Scheme (NDIS) participants, regardless of whether they are active in the sector or not, provide some guidance and insight to this issue.

The NDIS Commissioner can now use information from sources outside the NDIS, such as a person's conduct in aged care or child care work, to ban an unsuitable person from entering the NDIS in the first place. This sets a precedent for a PCW registration scheme because it recognises the need to provide a deterrent, and weed out unscrupulous individuals.

A more comprehensive list can provide for a more efficient and effective screening and monitoring scheme, especially when supported by appropriate powers of a Commission, or Ombudsman as is the case is the case for UHCWs. Therefore, the Association supports **Option G3** which provides for a

list of workers who have been cleared to work in aged care and a list of workers who are excluded from working in aged care.

Identifying the appropriate regulatory body

14. What are the advantages and disadvantages of different bodies managing screening of all aged care workers and/or registration of PCWs?

While the National Code of Conduct for Health Care Workers provides a much-improved level of protection for massage and myotherapy clients, screening occurs throughout the industry by multiple employers, associations, and authorities.

While it seems likely that multiple levels increase the likelihood of identifying and 'weeding out' inappropriate persons from the sector, the ad hoc nature of information available to adequately screen members and employees makes this process difficult for associations and employers. In this regard, the creation of a central and more comprehensive list of individuals found to pose a risk to clients would be extremely useful.

Within unregistered health care, serious misconduct, or conduct of a criminal nature, is logged with a State Health Complaints Commissioner or Ombudsman, and published when a conviction, criminal charge and prohibition orders are issued. However, the limited background information available enables individuals with a history of complaints about questionable behaviour and/or breaches in member standards and codes set by member associations, being able to re-register with other associations and modalities, or simply practice massage without any qualifications or membership of a massage association. The consequences for vulnerable clients such as the aged, and the community in general can be severe. Behaviours can range from inappropriate touching, incorrect draping to rape, sexual assault, abuse of minors, theft, and fraud.

Under the current scheme such individuals can go undetected/unprosecuted for many years, until a victim makes a formal complaint and supporting evidence is available. This appears to be the case in the aged care sector as well.

Significantly, where complaints are not of a criminal nature, or substantial evidence is not available to warrant proceedings, privacy laws limit the information shared between previous employers, professional associations and authorities to simple reference checks based on contacts provided by an applicant. The applicant's conflict of interest is obvious, despite statutory declarations being a requirement with all applications for membership to Massage & Myotherapy Australia. Hence, the limits of the background information available impairs thorough reference checks and screening of membership applications. This has a direct impact on the sector's ability to protect clients and the public.

While non-government or industry bodies can play a vital role, the Association does not support the creation of a private regulatory, complaints and registry body. This should remain with government authorities.

The Association's preferred option is the creation of a new government body specifically for the purpose of screening aged care workers and/or registering PCWs.

How should the scheme intersect with other like schemes?

15. In principle, should a person cleared to work with people with a disability be automatically cleared to work in aged care?

Yes. The Association supports the adoption of the NDIS registration scheme and as a clearance to support automatic clearance in aged care for PCWs.

16. Are there any other clearances that should support automatic clearance in aged care?

The Association supports the adoption of NDIS registration, and as a clearance to support automatic clearance in aged care, for PCWs.

17. What are the relevant considerations regarding the interplay between AHPRA (and any other professional registrations) and PCW registration for aged care?

AHPRA Annual Reports list many complaints about breaches of Standards and Codes of Conduct by Registered Health Practitioners and as such Registration with AHPRA is not a guarantee against the misconduct of individuals.

Similarly, State and Federal laws already provide adequate protection and prosecution mechanisms for conduct of a criminal nature, and yet unscrupulous individuals continue to break these laws. Despite the enforceability of the National Code of Conduct for Health Care Workers, some individuals continue to breach the Code.

Additionally, Registered Health Practitioners perform specific medical and health care functions for which they undertake higher level training and more costly registration. In contrast, the work undertaken by PCWs does not pose the same level of responsibility or risk as the work undertaken by Registered Health Practitioners working in aged care.

The two-tiered system for Registered and Unregistered Healthcare providers is a working model that could be applied to the PCW scheme. The two-tiered model also appears to be working for the NDIS Scheme with all NDIS providers and workers who deliver specified services; and provides adequate support to NDIS participants who are required to comply with the NDIS Code of Conduct (NDIS Code).

Appendix 1 A Summary of recent studies

Since the Chief Medical Officer's report on the efficacy of massage therapy 2012, considerable effort has added to the body of evidence supporting the role of massage therapy in pain management and to build on the positive findings of that time.

Regarding pain and stress management, the following points and studies describe the role of massage and myotherapy in the care of older Australians.

1. While massage and myotherapy are not cures, nor do professional therapists profess them to be — massage is recognised for its role in providing pain relief and improving feelings of well-being in people of all ages.
2. For older people in care, massage and myotherapy do not displace medical or allied health services, but fill the gap when older people seek or need alternative care to medications and other therapies because they feel that massage is more appropriate to their needs.
3. As considerably lower-cost therapies with a qualified skilled workforce that is readily available locally, massage and myotherapy can play a more vital role in stretching welfare budgets further to help older Australians.
4. Massage therapy already occupies a valuable place in an integrated approach to palliative and end-of-life care in some settings. Eastern Palliative Care Victoria reports the benefits of massage may include, but are not limited to: reducing the side effects of chemotherapy, radiotherapy and some medications; easing the discomfort of fluid retention (Oedema/Lymphoedema); lessening the impact of pain and shortness of breath; improving mobility; and reducing tension, anxiety and depression.
5. Myotherapists and remedial massage therapists with advanced training can undertake clinical assessments and accurately gather information in order to provide specific massage and myotherapy treatments; recognising and adjusting to contraindications for treatment, and the application of appropriate treatment protocols.
6. They can communicate effectively with medical and allied health practitioners regarding age-related clinical issues and the health management plans of older people. Some of these issues include a reduced range of motion, palliative conditions such as cancer, neural tension, and reduced fitness and strength.
7. The skills and training of many qualified therapists are underutilised with a sizeable proportion of this workforce also engaged in other nonclinical roles (Steel, A. et al. 2017).
8. Many General Practitioners already use the skills of massage therapists and myotherapists. A national workforce survey showed that GPs in rural areas are supporters of professionally-qualified massage therapists (Wardle, J. L. et al. 2013). The survey found that: GPs (76.6%) referred to massage therapy at least a few times per year; 12.5% referred at least once per week; 95% believed in the efficacy of massage therapy; 95% perceived a lack of other treatment options; 95% who had prescribed any complementary and alternative medicine previously were all independently predictive of increased referrals to massage therapy.
9. Additionally, older Australian women experiencing chronic bodily pain prefer a concurrent multimodality approach (accessing conventional treatments alongside massage therapy) to cope with their condition (Walker, B.F. et al. 2004).
10. A recent Australian study found that the complementary medicine workforce provides substantial levels of clinical care in many important areas of health (Steel, A. et al. 2017). The most frequently reported specialities used in a clinical environment involving massage and myotherapy included: Pain management—59.6%, complex chronic disease—44.9% and oncology—32.9%.

11. A 2017 study by Akerman I.N. et al. concluded that, based on recent dispensing trends of opiod prescriptions for osteoarthritis, dispensed opiod prescriptions will triple to over 3.0 million between 2015/16 to 2030/31 and rise from an estimated annual cost to the health care system from $25mil to $72.4mil.
12. During 2017, William G. Elder et al. investigated the efficacy of massage and other nonpharmacological treatments for chronic low back pain in real world primary healthcare. They found that measured change at 12 and 24 weeks of massage treatments, and those with clinically improved disability at 12 weeks, 75% were still clinically improved at 24 weeks. Those with physical and mental components showed clinically meaningful improvement at 12 weeks and 46.1% and 30.3% at 24 weeks. For bodily pain, 49.4% were clinically improved at 12 weeks and 40% at 24 weeks. Adults older than 49 years had better pain and disability outcomes than younger adults.
13. A narrative literature review which looked into the use of massage therapy for reducing pain, anxiety, and depression in oncological palliative care patients found that massage therapy has been shown to reduce the subjectively-perceived symptom of pain in oncological patients receiving palliative care and remission of the symptoms of anxiety and depression (Falkensteiner, M. et al. 2011).
14. During 2018, Madalina Boitor et al. conducted a randomised controlled trial to investigate the effects of massage in reducing the pain and anxiety of the cardiac surgery critically ill. They concluded that the results suggest that a 20-minute hand massage in addition to routine post-operative pain management can concomitantly reduce pain intensity, pain unpleasantness and anxiety by two points on average on a 0–10 scale.
15. During 2016, Marie Cooke R.N et al. investigated the impact of therapeutic massage on adult residents living with complex and high-level disabilities. They reported that the results of the pilot indicated that massage may be of benefit to people living with high care needs and represents a practical innovation providing tactile stimulation that may be integrated into care.
16. A study titled 'Massage Therapy and Quality of Life in Osteoarthritis of the Knee: A Qualitative Study (2017)' by Ali A. et al. concluded that participant responses noted empowerment with an improved ability to perform activities of daily living after experiencing massage therapy. The majority of statements were consistent with their quantitative changes on standard osteoarthritis measures.