

## PART A (1) Quantity of Evidence.

Massage practice is predominately based on self-reporting of standards and minimum compliance to safety and best practices standards. Historically massage therapy, as a healthcare practice has developed from little or no regulation.

Massage Therapists just fifty years ago began an association to guide the then fledgling profession. The profession developed education programs and supported by government standards produced the formal national competency standards through the Health Training Package (Wardle et al, 2015). However, they still remained self-governed and self-reported. In late 1990's standards improved as therapist strove to be practitioners, recognised by Private Health Care which would give their clients a rebate for their services. The Private Health Care established a standard for practitioner recognition for the profession (Wardle et al, 2015).

In 2012, the Australian Government Department of Health commissioned a systematic review of systematic reviews (SRs) on Complementary and Alternative Medicine therapies that were rebated by the Private Health Rebate. The commission examined reviews supported by 'credible evidence that demonstrates their clinical efficacy, cost-effectiveness and safety and quality in scope' (Wardle, 2016, p.3). The commission examined 99 SRs describing 46 clinical conditions. Massage therapy was found to be effective for conditions including lower back pain and neck pain. The Massage and Myotherapy Association (MMA) realised that even though they had a comprehensive Code of Ethics, Standards and National Code of Conduct that met all the Australian National Code of Conduct for Unregistered Health Practitioners (Gallagher, 2019) and government legislations that generally this was considered only minimum standards of conduct and practice (COAG Health Council, 2017), and quality evidence was required to confirm members willingness to comply in their practices.

Defining the term "quality evidence" as meaning evidence of a high quality, the MMA set out to create method of certification that would objectively assess practitioner's compliance with the various standards (M&MA, 2018). The existing practice was predicated on a voluntary self-assessment by practitioners that they were complying with the code. Research in various therapeutic professions has found that self-assessment is often affected by an unconscious bias that may lead to unreliable self-reporting (Warfish, et al., 2012; Karpen, 2018). A committee was established to

develop the process which resulted in 2019, The Certification of massage and myotherapy practitioners.

Consistent and reliable National Best Practices Standard (BPS) and Quality Assurance model audited by Certex International to meet the Joint Accreditation System of Australia and New Zealand standard(jas-anz.com.au) has ensured the development of our professionalism. Certification with the MMA Standards involves three stages:

1. Application and criminal record check
2. Completion of the Self-Assessment workbook.
3. Inspection of the clinic and confirming of all the information provided in the self-assessment workbook by a trained Certified Site Support Assessor.

The MMA standard is informed by the best available evidence, the context in which care is delivered, the individual patient, and the professional judgement and expertise of the health professional. As health professionals, massage also play new role in quality improvement, practice-based research and the development, implementation and evaluation of relevant policies and procedures.

MT currently remain eligible for coverage under private health insurance. It is notable that massage therapists are incentivized to seek association membership and Certification because of career development, building business and recognition (Gallagher, 2019). On reflection my motivation has been more to do with my professional excellence rather than just to comply to industry standards. The Davis Health Centre has maintained many of the standards set in the certification for several decades.

Part A (2)

### **MMA Best Practice Standard.**

**Quality Management Policy-** Applying monitoring of service delivery- clinic.

Over the years of my career, the focus of massage therapists and their associations has been on developing skills through continuing education programs. The MMA

standards and Certification focuses, for the first time, on audited feedback from therapists about their practice.

The requirements align with Quality Improvement (QI) interventions utilising the Quality Management model (Taylor et al., 2014). The model's requirements are consistent with the changes proscribed by Certification to improve the professional quality of a massage therapy practice. In my view, the MMA Standard (M&MA, 2018) is not limited to only producing consistent improvements in technique, but also to allow a massage practice to adapt to the needs of the complex systems of their unique business. The adaptation is significant within the massage field because there are many ways in which therapeutic massage can be practised. For example, I work alone, and my practice is located in a practice-specific location dedicated to massage therapy. Other therapists work from home clinics or in multi therapist locations or as a subsidiary practice within a gym or sporting club.

The Quality Management Model has a four-point process: Plan-Do-Check-Act (PDCA). For each new client the **PLAN** begins with the client's list of issues and expectations. The Plan stage includes incorporating the most appropriate massage business policies as guided by the Standards of Practice. For example, the requirement of best practice consists of a client's first visit Consultation, comprehensive evaluation and documentation.

Historically massage clients have not been required to complete lengthy paperwork or go through a long consultation process. As the first appointment evaluation process documentation has increased, the clients have felt the time has taken away from their massage. The **PLAN** is to allow for a longer time for the first visit, which will include a one-off consultation fee. Will clients complain about having to pay, or will it reduce business?

My personal feeling is the time of the Consultation is a 'getting to know you' time and an important part of the therapeutic process. Kennedy & Munk (2017) report that therapists feel the therapeutic relationship to be a vitally important element of effective practice.

The next step of **the DO** implements the Plan. The **DO** was to send the consultation forms by email to be pre-completed by the client, announcing the extra fee and time for the Consultation. Completing the Consultation in an extra 15minute time slot and then focus the whole hour to the massage treatment.

The third step, the **CHECK** is based on the feedback received from several new clients. Which I consider both at the moment and also reflect on after each Consultation and recorded.

The **ACT** step is the iterative cycle of improvement that is essential for quality practice. The data gathered provides some positive and some negative results. Improvements to the Plan are implemented, and the process begins again. In order to create improvement, you need to be able to make a change, but it is important to note a change doesn't necessarily mean improvement.

I feel that the most important element is the ACT step of iterative improvement. The first steps establish a bases for change, but it is the actual changes that occur during ACT that move my business forward.

Part A (3)

### **MMA Best Practice Standard.**

**Quality Management Policy** - Applying monitoring of service delivery- Client.

Massage Therapy (MT) has come a long way as a recognised health treatment. The Davis Health Centre, in Gordon, is 68 years old. I treat people of all ages, with many different pains and chronic illnesses. My treatments are client-specific, client-responsive and include discussion and holistic management. The new Certification Standards help me to record and reflect on the management and ongoing quality of my client management.

Australian people utilise MT as a treatment. A population study estimated 20% of the population visited a massage therapist within the year (Xue et al, 2007). The growing

body of research into MT is now strong enough to readily support and describe how MT is practiced (Ooi et al, 2018). MT is shown to be helpful for many conditions, but Ooi et al. (2018) argue that there is very little understanding among therapists as to how to utilise MT research to inform Best Practice and improve the quality of client care.

The Massage and Myotherapy Association standards establish that best practice and informed service include client feed-back in addition to MT research. This is a part of the Certification audit process. Ooi et al, (2018) suggest that evidence-informed practice would help massage therapists understand their practice better, improve their confidence in how they practice and improve best-practice care. I agree with Ooi et al, (2018), and I believe therapists will overcome their difficulties in understanding how to utilise MT research by applying the Quality Management process and Plan-Do-Check-Act (PDCA) method are programs that could test the value of Evidence-Informed Process (EIP).

The PDCA cycles provide a structure for iterative testing of the different massage therapy complex and multi-structured treatment process. For example, using the case described by Ooi et al (2018), we PLAN the treatment based on the information acquired from the consultation together with the process the therapist established with the clinical question, searching for available evidence, appraising the evidence critically to produce, potentially, a best treatment plan. The DO treatment in the described case would include information on: the expected effectiveness of the therapy, predictions on how the client's pain would feel, what type of massage might be suitable (relaxation), how often the treatment should be done and how long and some possible adverse effects all based on evidence from scientific studies. The CHECK would examine and document the massage, which could be audited as a case study. ACT would use the evidence from the massage and the scientific evidence to iterate cycles to develop EIP, and a quality informed massage intervention.

The initial Certification verifies that all the Policies and requirements are in place with an audit in 12 months. Adherence to the policy is my responsibility and I feel that I will be reflecting on my client management with case study using the EIP framework.

Clarity, nature, frequency and detail of the MMA Standards and the required documentation has is yet to be clearly defined.

#### PART A (4)

**Professional Care- Competence**(d) Development of Knowledge, skills and professional behaviour must continue through the therapists working lifetime through continuing professional education.

Current association membership, and the invaluable recognition for Private Health Insurance rebates, is dependent on three requirements: current malpractice insurance; first aid certificate; and continuing education points. Since 2003, when massage therapy was recognised for Private Health Funds rebates, it has been necessary for therapists to belong to an association. Acquiring education points has become a necessity more than a curiosity for learning. The focus of attention to attend courses and conferences has been to get points. Many therapists stop ongoing education once the quota has been met. Each year of my working lifetime, since the early 1980s, has involved many hours of study, often well beyond the minimum requirements for association membership.

In my view, the purpose of study is not just about qualification, but the pursuit of excellence. Dreyfus and Dreyfus (1980) studied chess players and airline pilots to describe the pathway to excellence. They determined different levels of proficiency from novice to master.

- **Novice to apprentice:** When I began nursing, I had no experience in performing tasks. We were introduced to knowledge and learnt the skills involved with nursing through experience. As expected of a novice, I began with the simplest tasks, applying relevant knowledge and procedural skills. This led to my development of a professional identity and engagement in supervised practice. Within the massage training the focus was on observation, structured procedures and set routines of practice.
- **Journeyman:** On qualification as a Registered Nurse and a Massage Therapist, I was considered competent and authorised to work in the field. I

was classified as fully trained, but I knew I needed experience and continuing education. My journey took a turn when I became interested in the sporting arena. This led me to developing new expertise and further study into sports injuries and musculoskeletal damage. I learnt how to recall, apply and synthesis relevant knowledge and developed my client management skills. As I continued my work as a massage therapist and nurse, I could feel myself becoming more successful and reliable.

- **Expert:** As my professional identity developed, I became more inclined to engage in further study. I enrolled in a Bachelor of Health Science which ignited an interest into chronic disease and pain which led me to see the importance of lifestyles and the development of disease. I began a Masters in Clinical Science in lifestyle medicine. This was expert knowledge that both influenced and fostered skills that were unique to my practice.
- **Master:** In the last years I have continued regular education, but my attention has shifted to mentoring and teaching massage to nursing students and lecturing to massage professionals. I have added writing with peer reviewed articles and a book chapter in a professional textbook.

It may be that I am considered an expert, but my curiosity for knowledge has not waned. I will always feel a gap in my continuing education plan and so, I am now enrolled in a Master of Mental Health Nursing.

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