
Submission by the
Association of
Massage Therapists Ltd (AMT)

to

NSW Department of Health
Legal and Legislative
Services Branch

on the

Unregistered Health Practitioners
Code of Conduct
Impact Assessment Statement

February 2008



The Association of Massage Therapists Ltd
PO Box 792 Newtown NSW 2042
T: 02 9517 9925
F: 02 9517 9952
message@amt-ltd.org.au
www.amt-ltd.org.au



Preamble

AMT broadly supports the establishment of an Unregistered Health Practitioners Code of Conduct in NSW. Specific responses to items in the NSW Health Impact Statement are addressed on pages 5 through 13.

We note in your report that there has been a sharp and sudden increase in complaints about Alternative Health Providers to the Health Care Complaints Commission in 2005/06 (Table 1, page 7). This suggests that public awareness of complaint mechanisms is on the rise and that consumers of alternative health services have become more discriminating in their expectations of the standard of care they will receive from an unregistered health practitioner.

Representative associations such as AMT work hard to raise the professional profile of their members and to educate the public in what to expect from a qualified practitioner. The establishment of an Unregistered Health Practitioners Code of Conduct as an instrument for the effective enforcement of standards of conduct will assist organisations such as AMT in their mission to actively advocate for professional standards.

AMT is currently in the consultation phase of developing a National Code of Conduct and Code of Practice specific to Massage Therapists. We believe that this will ultimately provide a necessary framework for bodies such as the Health Care Complaints Commission (HCCC) to objectively assess the conduct of Massage Therapists.

Establishment of these codes is part of a broader plan to develop a National Accreditation and Quality Assurance Model for the profession.



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About AMT

Established in 1966, AMT is a not-for-profit company that represents practising Massage Therapists and Massage Therapy Students. Current membership is 1250.

62% of our members practice in NSW.

There are three different levels of qualification for members: General Level Membership, Senior Level One and Senior Level Two. National Competency Standards were introduced for Massage Therapy training in 2002. Our three levels of membership equate to the standards outlined in the Australian Qualifications Framework. Graduates of Certificate IV programs are admitted to AMT at General Level and are competent to perform general health maintenance treatments.

Graduates of Diploma programs are admitted to AMT at Senior Level One and are competent to perform treatments involving specific remedial techniques to alleviate common musculo-skeletal presentations such as low back pain.

Graduates of Advanced Diploma programs are admitted to AMT at Senior Level Two and are qualified to treat complex musculoskeletal presentations with a more extensive range of treatment protocols.

AMT fosters high standards of professionalism and is an acknowledged industry leader. The Association has actively lobbied to increase education standards and, to this end, instituted a Continuing Education program 13 years ago to ensure that practising members keep their skills and knowledge up to date.



Comments on the Draft Code

ITEM 5.1

Practitioners must practice in a safe and effective manner

Guiding Principle

Practitioners are personally accountable for the provision of safe and competent care in their areas of practice. It is therefore the responsibility of each practitioner to maintain the necessary competence in that field.

Comment

The AMT Board seeks clarification on how necessary ongoing competence can be objectively determined in the event of a formal complaint. We believe it is appropriate to make a minimum recommendation in relation to this guiding principle.

AMT was at the vanguard of continuing education programmes for Massage Therapists. Our Continuing Education Unit (CEU) system was introduced 13 years ago. We commit substantial administration resources to monitoring our members' CE activities and we retain full documentation on file.

Our practising members must complete a minimum of 100 points per annum, which roughly equates to 20 hours of study.

When assessing this guiding principle, the HCCC will presumably seek advice and opinion from relevant professional associations on what constitutes necessary continued competence. AMT is aware of many professional associations that have an honours-based system of reporting for their members' continuing education activity but we believe that this system is inadequate without significant audit procedures.

It is our strong belief that the professional associations should be able to produce a complete record of a member's CE activities to assist the HCCC in making an objective assessment of this item in the Code.



Comments on the Draft Code

ITEM 5.1

Practitioners must practice in a safe and effective manner

Guiding Principle

Practitioners must not provide health care of a type that is outside the scope of their training and experience.

Comment

The AMT Board seeks clarification on how this guiding principle can be objectively assessed, especially in light of the fact that recommended standards of training and experience may vary wildly from one health profession - both registered and unregistered - to another.

For example, Dry Needling is currently being embraced as a treatment mode by many manual therapists, doctors, physiotherapists, podiatrists and other health professionals. However, appropriate education standards are still a topic for debate. As a registered group of professionals, physiotherapists can attend a 2-day workshop on Dry Needling and be considered competent to practice under APA policy. They can also be considered competent in traditional acupuncture in 8 days – this is well below the standards set by the Chinese Medicine Registration Board in Victoria.

We believe that this guiding principle is currently too vague to assist in the assessment of a scope of practice-related complaint. There is not sufficient coherence in policy across the various representative bodies to make an objective assessment on the basis of this guiding principle.



Comments on the Draft Code

ITEM 5.1

Practitioners must practice in a safe and effective manner

Guiding Principle

Practitioners must ensure that appropriate first aid is available to deal with any misadventure during a client consultation. Practitioners must obtain appropriate emergency assistance in the event of a serious misadventure.

Comment

The AMT Board believes that it should be mandatory for unregistered health practitioners to maintain currency of Senior First Aid.



Comments on the Draft Code

ITEM 5.5

Practitioners must not attempt to dissuade clients from seeking or continuing with treatment by a registered medical practitioner

Guiding Principle

If a practitioner has serious concerns about the treatment provided to a client by another practitioner it is appropriate that those concerns are referred to the Health Care Complaint Commission.

Comment

The AMT Board is concerned that this guiding principle is somewhat heavy-handed and would like to see a mechanism in place that involves some form of mediation prior to referring the matter to the HCCC.

We believe that this guiding principle may foster complaints of a vexatious and possibly even vindictive nature.



Comments on the Draft Code

ITEM 5.7

A practitioner must not practice whilst suffering from a physical or mental impairment, disability, condition or disorder that detrimentally affects, or is likely to detrimentally affect, his or her ability to practice and which places clients at risk of harm.

Comment

We are concerned at how this item will be interpreted and that it may be in direct contravention with the Equal Opportunity policies of most Universities, TAFEs and Registered Training Institutions.



Comments on the Draft Code

ITEM 5.10

Practitioners must not engage in any form of misinformation or misrepresentation in regard to the products and services they provide or as to their qualifications, training and professional affiliations.

Comment

The AMT Board strongly endorses this Item. Since the inclusion of Massage Therapy as a rebatable service in many private health fund ancillary cover packages, misleading promotional practices have become rife. This includes false receipting for treatments not performed by an appropriately qualified person within a multi-practitioner clinic.

At the moment, AMT's disciplinary powers are severely limited in relation to demonstrated instances of health insurance fraud. This item in the Code will assist in these matters being prosecuted via appropriate formal channels such as the HCCC



Comments on the Draft Code

ITEM 5.11

Practitioners must not engage in any form of sexual or improper personal relationship with a client.

Comment

The AMT Board believes that this item could be strengthened by the inclusion of a guiding principle in relation to appropriate and early referral to another practitioner as soon as a practitioner feels at risk of compromise to their professional boundaries and their ethical responsibilities as a practitioner/carer.

We also believe that all unregistered practitioners should be able to demonstrate some kind of mentoring relationship with a colleague within the same industry - a fellow professional with whom they check in regularly as part of their professional self-monitoring.

We further believe that it is appropriate to make a minimum recommendation for time elapsed between treating a patient and commencing a personal and/or sexual relationship. We recommend a minimum of six months.



Comments on the Draft Code

ITEM 5.14

Practitioners must ensure appropriate indemnity insurance arrangements are in place in relation to their practice.

Comment

The AMT Board strongly endorses this Item.

The Massage Therapy profession has a significant proportion of practitioners in part-time practice. Although it is difficult to estimate how many Massage Therapists are currently working outside the imprimatur of professional associations, we can assert with complete authority that appropriate insurance is very costly to obtain for therapists working “outside the system”. For the insurance underwriters, professional association affiliation is part of their risk management policy.

In our view, there are still too many Massage Therapists working without the protection of professional indemnity and public liability insurance. Therapists who only treat a few clients each week often gamble on the principle that their risk is very low and do not opt in to insurance. This is obviously not good risk assessment. We believe this item in the Code of Conduct will help to address the phenomenon of under-insured practitioners.



Annexure

Code of Ethics





code of ethics

As a member of my Profession, I shall at all times abide by the following Code of Ethics:

1. I shall care for the health, well-being, comfort and ease of my client with the utmost skill appropriate to my current qualifications.
2. The history, confidentiality, privacy, modesty and morality of my client are in my trust and shall be protected with the utmost respect.
3. If I encounter a client whose need is outside my range of training, I will immediately recommend referral to a more appropriate therapist.
4. I commit myself and this practice to the concepts of continuing education, sharing of technical skills and the raising of professional standards.
5. By display of this Code and my current qualifications, I pledge myself and this practice to support the Association of Massage Therapists Ltd in all its ideals, principles, codes and standards and to always maintain my skills through its continuing re-accreditation scheme.
6. I shall at all times respect my fellow therapists in all disciplines and the individual skills pertinent to their training.
7. I shall endeavour by my skill and profession at all times to enhance the therapeutic massage industry in public awareness, understanding and respect.

Having read and approved of the above Code of Ethics, I have signed this statement as evidence of my willingness to abide by all its principles.

SIGNATURE OF MEMBER _____ DATE _____

IN THE PRESENCE OF A WITNESS

SIGNATURE OF WITNESS _____