

Message from Paul Medlicott, Chair of the GCMT  
20<sup>th</sup> May 2014

Dear Colleague, I have copied below an article from Brad Hiskins (apologies for the length, but it is worth a read) which laments the lack of cooperation between Professional Associations in Australia--it has some familiar echoes. I've written in a similar vein on many occasions. I think we have some cause for optimism, as the growth in GCMT membership has shown over the last 3 years, but we still have some way to go.

I think I have been fairly open and explicit about what we should be aiming for in the UK, but if there is any doubt I have summarised below what I believe we should be aiming for if we are to create a unified, credible and respected industry.

- The use of a common overarching title i.e. Soft Tissue Therapy. This title already has currency and it is understood that therapists will continue to use their historical titles--but they are part of the Soft Tissue Therapy family.
- The development of GCMT as a federal body representing all of those in the Soft Tissue industry. The creation of a single 'super PA' may be a step too far for many, but a federal body allows PAs to maintain independence whilst taking advantage of 'scale'.
- The agreement of minimum education standards for the professions under the banner of Soft Tissue Therapy.
- Regulation of Soft Tissue Therapists via CNHC. Regulation is key to credibility--some of us may have reservations about voluntary regulation, but it is imperative we get behind independent professional regulation.
- The merging of Professional Associations where it makes sense to do so. The proliferation and fragmentation of PAs is nonsensical--it confuses the public, therapists and employers.

We all have to remember that this is not about us as individuals -- a hard thing to do given the efforts many people have put into developing their PAs and driving the industry forward -- it is about the therapists we represent and the future of the industry we work in. The future requires compromise and cooperation---I think we can do it. What do you think?

Feel free to pass this email on to anybody you feel may have an interest in its contents.

Paul

The Remedial Massage Profession has many challenges. Not the least is branding. For decades the debates have raged over the terminology to be used by our profession. The outcomes have been none uniform, divisive and have achieved little but separatism and confusion. Confusion predominantly for our own members, but more importantly for our customers, referral networks, insurance companies, authoritarian bodies and future students of the trade.

So why the lack of unity in debate and outcome? The answer I believe is three fold.

**Firstly, the obvious lack of association correlation and collaboration.**

With the amalgamation of 7 associations in the early 2000's to form AAMT, there was optimism that the profession was on track to unify its policies and future directions. This was in concert with the formation of the competency standards which were to distinguish between the two main areas of our profession, relaxation and remedial, and provide a framework for each RTO (school) to formulate curriculum. The profession would have a standardised education format and two well defined areas of education and service delivery, cert IV in Massage Therapy and a Diploma in Remedial Massage. Our lobby group could be concise with its delivery to government, insurance companies, customers and all other relevant bodies. Times were promising. We had a developing brand.

What happened over the next few years didn't realise that potential. Although AAMT formed a formidable new association, there were still many other associations that held enough members to pose a political standoff. AMT, a relatively NSW based membership, decided not to join the amalgamated group forming AAMT. ANTA and ATMS, associations of numerous professions, had no real necessity to amalgamate. It's not their core business. ARM, although small remained a single entity. MA, originally a magazine that later became an association, remained. There were a few smaller associations including AMA, MAA. RMIT, a TAFE, was delivering the Myotherapy advanced diploma and had formed their own association IRMA. Curiously, many of the Chinese Massage associations held influence with our profession. There were still too many associations with their own political agendas, membership bases, financial influences and power plays.

We didn't compromise. We didn't unite. We didn't take advantage of a rare opportunity to mobilise 25 plus thousand people. Mobilise their opinions and formulate a strategic plan that would see a profession cut itself free from the third bedroom cottage mentality to a respected body that demanded attention through well versed professional rhetoric. The opportunity to meet, debate, formulate, strategise and implement, was not realised. We missed the opportunity to be GST free. We missed the opportunity to be on the professional list for the Chronic Health scheme. We missed many opportunities. We had too many associations claiming to be the 'peak body'. We had too many mixed messages. There were too many agendas and I can only imagine the perception of authoritarian bodies of our lack of unity and policy. Let alone our lack of basic definition and Brand.

In recent times with the profession being attacked from all angles, especially with the Medibank Private situation, we had another chance to join forces. Although some associations suggest this did occur to some degree, the message to members from each association has not reflected this. A simple example is many of the associations hiring their own lawyers to sift through the legal ramifications of decisions made by Medibank Private. A prime opportunity to utilise one legal firm, for one overriding outcome. It didn't occur. AMT for instance still has not signed the agreement with Medibank Private suggesting there may be legal implications. Some associations like ANTA signed the agreement the moment it was released. Was there a representative from each association providing information to Medibank Private? Our sources suggest it was only ANTA. Why? Who decided that? What process was used to allow this to occur? How did they represent us? What information was given and with what authority? Was there any due process?

This lack of association unity and compromise, in my opinion, was a major factor in our inability to formulate a well-defined brand. Unfortunately we are still Masseurs, Masseuses, Massage Therapists, Remedial Massage Therapists, Soft Tissue Therapists, Myotherapists, Clinical Myotherapists, Musculoskeletal Therapists, Deep Tissue Therapists, Body Workers, Sports Therapists,.you get the picture.

**Secondly was the wording in our new competency, interpretation, as well as our inability as a profession to demand as employers or associations what we desire our employees to become.**

The competency standard was an attempt to deliver a minimum standard of education to our two defined areas of service delivery, Massage Therapy and Remedial Massage Therapy. The profession signed off on the final competency. For once we all agreed, we all compromised.

RTO's (registered training organisations - schools) could now deliver to a particular standard and graduates would be of a minimum level of education. We would have Massage Therapists to work in the Relaxation industry and Remedial Massage Therapists to assess and treat common aches and pains.

Unfortunately a competency package can be 'interpreted' by an RTO. A competency package also does not have a defined number of hours. It is not a curriculum. It is a guideline at best. Hence when RTO's realised this, we ended up with some schools reaching up to 2000 face to face hours for the diploma and some a few weeks. That was their interpretation. Hence in theory the competency delivered the same graduate but in practise the outcome was far from it.

What was thought to achieve a standard of education actually transpired into a chaotic mess that for all intents and purposes could not be controlled. Our associations have no authority to challenge each RTO with regard to the standard of their graduate or their interpretation of the competency. ASQA (a government regulatory body) does not audit the curriculum developed by the RTO's, it only checks the school is acting in accordance with RTO rules and regulations. The RTO's could provide whatever education they wanted. And they did. Graduates were and are still of remarkably different levels of basic anatomy (if any), pathology, assessment, protocol and treatment skill set. The competency did not deliver its intended purpose - a minimum standard of graduate.

Therefore graduates deliver a markedly different service. Some have little to no note taking skills, some don't even understand the legal necessities to do so. Some can assess to current gold clinical standards and some have not been taught the very basics, some don't assess at all. Some have an understanding of many treatment techniques, when they are indicated or contraindicated, the likely physiological change that positively affects the client, some have little to no idea.

When your members are of such markedly different levels of education, your ability as a profession to create a deliverable brand is limited. I would argue impossible.

This lack of education minimum standard and the incompetence that it produces, was the emphasis for Medibank Private to set a minimum education standard of its own. A standard that I personally believe is still well below what we should be striving for. A standard that does not reflect the impression we try to mediate to our

clients, our referrers and our authoritarian bodies.

### **Thirdly is the fracturing of our profession into numerous pockets**

Once again, the competency standard and amalgamation of those 7 associations was to unify our profession. With unification comes the ability to create a lobby group that delivers one message. There would be one CEO, with one president, one board with one administration. An efficient machine with financial clout and huge membership base. A true peak body that would represent us and forge new opportunities for us and our future graduates. A body that would stabilise our political opinion. A robust organisation that would debate and rationalise our place in health.

We don't have this. As already stated, we have numerous associations with different agenda's, membership bases, professions, financial situations, etc.

Beyond this however, we have a considerable and divisive fracture of the members themselves. We have MT's, RMT's, Myo's, MST's, STT's and numerous other acronyms reflecting divergent mind sets. There are verbal swipes between each, political power plays, belittling and downright defamatory behaviour in some circumstances. The word 'massage' is still highly debated. In some circumstances that word is suggested to be the greatest restraint to our professional standing. The term 'remedial massage' is hardly ever used by our associations - we don't actually have an association that describes itself as 'the association of Remedial Massage' although it is the agreed term for our diploma level graduates. We have some associations recognising some advanced diplomas and not others, some recognising some degrees and not others. Insurance companies are awash with a plethora of terms and divergent professions, some of which I have never heard of, but they all are apparently born of the same diploma. It's a mess. It's embarrassing. Its divisive and destructive.

The divergence occurs for many reasons. Commonly people want to be perceived as professionals in the health community and the word massage does not commutate such a response. The early Myotherapy developers pushed this to a level not seen before, by completely banishing the word and creating a three year advanced diploma (now 18 months). The term Soft Tissue Therapist was coined by a group of Sports Physicians and then utilised mainly in the sporting arena and eventually at CIT in Canberra as an Advanced Diploma. The MST group is relatively new and with the relaxation of rules governing who can provide a degree, that group is now calling their course a degree. There are many other examples but all are compelled to create a graduate that is perceived to be beyond that of an RMT and therefore shown more respect and hopefully more integration into the health system.

Although the intent is admirable, the outcome has seen infighting and destructive behaviour that has fractured much of the profession.

In terms of creating a brand, this has been our greatest enemy. Our associations have not listened and acted on the members demands, so the members create their own entities. And the ability to create a brand is lost. If there is means to compromise and re unite members with regards to 'naming' our profession, it needs

to be done. We need to compromise. We need to be consistent. We need to be well versed in strong policy and rhetoric. We need to unite. Until we do so we will remain vulnerable to attacks from insurance companies and be poor political competition to our peer professions. We won't be able to represent our profession adequately. Our graduates will continue to be disillusioned with our profession. Our profession will not be perceived as worthy members of the health community (and yes to all those who are arguing that you as an individual are doing well, there are many who are guiding us well, but this argument is about the whole).

A well-defined and respected brand is the envy of any business, any organisation or company. It is the primary action item of any marketing. It is what provides the spring board for all sales. We need to develop a strong reputable brand. But with the three factors I have mentioned above diminishing or even halting our attempts, we will struggle to achieve any such outcome.

These need to change. If we are to ever develop a reputable brand, the change needs to start with us demanding compromise and unity from our associations.

Let your voice be heard.

Brad Hiskins

(Happy to be a RMT, Myo, MST, STT or any other acronym we agree upon!)