

Submission by Massage & Myotherapy Australia

Lessons from existing taxonomies

Skills are at the centre of Australia's education system and labour market. Despite the importance of skills, challenges persist in responding to needs. A National Skills Taxonomy (NST) for Australia could help actors to align in a collective response.

Please consider the following:

1.1 What are the key benefits and/or limitations with existing skills taxonomies?

Simply put, the taxonomies ANZSCO, CSOL and ANZSIC as they have stood until now, are largely irrelevant to the Australian professional massage sector and wider health sector.

While they helped to create a level of acknowledgement around massage therapy as an occupation and profession, the existing skills taxonomies have not kept pace with significant changes in standards, education, and professional development over the past 20 years. They have also not kept pace in the skills and competencies required of professional qualified remedial massage therapists and myotherapists, by the wider health sector, governments and health care consumers.

For example, the vast majority of professional qualified massage therapists hold a Diploma, Advanced Diploma, or Degree, where as previously the majority held a Cert IV or lower qualification. Therapists taxonomies do not describe what is now required to meet the changing demands and needs of patients, regulators, and the wider health sector including registered health practitioners such as GPs.

For example, current government and insurance funding arrangements require a Diploma or above qualification and membership of an accredited professional massage association; and being able to meet the standards, skills and competencies of remedial massage therapy and myotherapy. This includes:

- [SIRA NSW](#)
- [WorkSafe Vic](#)
- [WorkSafe SA](#)
- [WorkSafe Tas](#)
- [National Aged Care Package](#)
- [National Disability Insurance Scheme](#) (NDIS)
- [Private Health Insurance Rebates](#)
- [Seacare](#) (Seafarers Safety, Rehabilitation and Compensation Authority)

Australia's massage sector is self-regulated, enabling a place for an entry level occupation to respond to market demand for lower skilled spa-style relaxation massage services. ANZSCO, ANZSIC, JSA and CSOL were based on information and definitions that are more than 25 years old which describe these requirements of low, entry level massage therapy at a Cert IV or below qualification. Today they describe too low a standard, training and skills that attained outside of Australia or through online courses. None of these are recognised by Australia's professional massage sector, the wider health sector and government health funding requirements.

Naturally Massage & Myotherapy Australia is contributing to the JSA ANZSCO and CSOL consultations to rectify this however, we have not had an opportunity to address the ANZSIC taxonomy.

ANZSCO

ANZSCO currently describes the skills, competencies and tasks of massage therapists as a level 2 411612 occupation, and aggregates them all as 'massage therapists' – one uniform or homogenous

occupation. However, while there are baseline skills and tasks, they are more appropriate as an entry level 3 occupation because it describes relaxation spa style massage associated with beauty and wellbeing services, services provided in shopping centres and shopping strips, and qualifications and training attained outside of Australia.

Additionally, professional massage associations conduct unannounced audits of 7 per cent of their membership annually, and collectively often find many deficiencies in the training, knowledge and skills of visa-based massage workers and skilled visa-based massage therapists who hold the lower level qualifications described in the ANZSCO. These deficiencies include:

- poor communication with the patient due to language barriers leading to limited understanding of the patient's health risks or needs, e.g. contraindications, cancer and pregnancy
- an inability to keep accurate and meaningful patient notes
- a poor understanding of human physiology
- a very limited understanding of the National Code of Conduct for Unregistered Healthcare Workers
- a poor understanding of voluntary certification or self-regulatory membership arrangements operated by the professional Associations
- a poor understanding of the Australian Private Health Insurance system
- a poor understanding of the Australian health system to identify how to best support patient outcomes.

The following quantifies the numbers of therapists that occupy the Level 2 and Level 3 massage occupations, and defines the areas of demand that lead change in the sector. It illustrates that Remedial Massage Therapist is now the majority occupation in Australia:

- The 2023 Massage & Myotherapy Australia Practitioners Surveyⁱ of its 8,600 members found that:
 - 5% hold a Cert IV Massage Therapy
 - 77% Diploma of Remedial Massage Therapy
 - 16% Advanced Diploma and 2% Bachelor Degree
- Endeavour College sponsored a surveyⁱⁱ of college enrolments across Australia, and found consistent levels of enrolments during the previous 5 years. In the final year of 2019, enrolments were as follows:
 - 22% Cert IV
 - 74% Diploma of Remedial Massage Therapy
 - 4% Advanced Diploma of Myotherapy
- The Endeavour College Survey also found that Myotherapy is a Victorian qualification with 80% working in Victoria.

Note: The higher myotherapist numbers in Massage & Myotherapy Australia membership is due to the Association being the preferred association for professional qualified therapists.

The results of the Massage & Myotherapy Australia 2023 Practitioners' Survey also indicate that demand for higher level massage services is driven by an increase in referrals from Registered Health Practitioners and institutions; and from patients who are actively involved in managing their healthcare that seek out professional massage therapists.

- 20% of massage therapy consultations are part of General Practitioner (GP) Health Plans
- Referrals from Registered Health Practitioners as a primary source of work for qualified massage therapists include:
 - Allied Health Practitioners 30%
 - Private Health Insurance 15%
 - GP Referrals 12%

The Survey also found that:

- 15% work solely from Private Rooms
- 18% from allied health or medical settings
- 28% of respondents work from multiple locations, or a combination of work settings.

The survey also indicated that professional massage therapists are more actively involved in higher level primary health care than previously. This involves injury management and rehabilitation, managing the long-term healthcare needs of people with chronic conditions, and the relief of symptoms related to mental health:

sports injury management & rehabilitation	76%
pregnancy related care	49%
self-directed care	47%
occupational injuries & rehabilitation	39%
mental health care	32%
motor vehicle accident & rehabilitation	33%
aged care services	28%

The private sector of health care including insurance products that have responded to market demand, and patient choice by those who self-fund when massage therapy is appropriate for their healthcare needs are also driving the need for higher level remedial massage therapy and myotherapy skills training.

Third party insurance coverage generates more than half (54%) of massage practitioner incomes with most of this (49%) from private health insurance providers.

The aging population is also having an impact on patient composition. By age, almost half (48%) of massage patients were aged between 40 and 64 years in 2023, with relatively consistent proportions across states and territories. This was up from 41% in 2013. A further 30% are aged between 18 and 39 years in 2023, down from 41% in 2013, with most of the balance aged over 64 years (19% in 2023).

Importantly, the results of the Massage & Myotherapy Australia Survey also indicate that professional massage therapists are well integrated in the wider health sector with 83% actively referring patients to GPs and Allied Health.

ANZSIC

While the Australian and New Zealand Standard Industrial Classification 2006 (ANZSIC) provides a framework for organising data about businesses by enabling grouping of business units carrying out similar productive activities, it does not recognise or even mention the significant differences in remedial massage therapy or myotherapy, or the name of these qualifications, skills and competencies achieved under the Australian Qualifications Framework (AQF).

Instead, while therapeutic massage as a specialist skill used in the care of cancer patients by remedial massage therapists and myotherapists, ANZSIC only defines this service in the Classification of Other Allied Health Services (8539) and the services of Physiotherapists, Chiropractors and Osteopaths and along with complementary health services.

Massage is also classified in the activities of brothels, under section (9534) 'Massage Parlours' a well-known term used to describe the services of sex workers. However, irrespective of whether sexual release can have a therapeutic effect, the specific services / techniques provided by sex workers have nothing to do with the healthcare related massage modalities of remedial massage therapy or myotherapy by any definition and are more appropriately described as erotic touch or sexual liaison services.

JSA

In responding to the Job Skills Australia (JSA) Work Plan Priorities consultation the Massage & Myotherapy Australia submission outlined the need for change, identifying three major areas

affecting the professional massage sector which have far reaching consequences across the massage profession, health sector, patients and community. They include:

- Higher level training, skills and competency requirements
- Lack of recognition of required skills and competency leading to wage inequity and limited career pathways
- Need to stem abuse of temporary and permanent immigration visa programs

The detrimental effects of these issues are sweeping, and warrant further investigation by the JSA to ensure the supply chain of professional, qualified massage therapists can meet the emergent needs of patients, the wider health sector and community.

AQF

Through consultations with the sector, AQF regularly updates and more closely reflects the skills, activities and competencies required of remedial massage therapists and myotherapists.

For example, many of the Cert IV and below, and overseas trained massage therapists do not have the skills to work within clinical and regulatory guidelines including: attaining informed consent, achieving quality standards, preparing patient notes and health plans in English, ongoing professional development, and working with other services/networks. They often have a poor understanding of Australia's National Code of Conduct for Unregistered Health Workers.

Both remedial massage therapists and myotherapists also undertake training in managing health risks, including aspects of health risk analysis, personal and premises hygiene, as well as infection prevention and control.

AQF recognised qualifications include:

Entry level qualification

- Certificate IV in Massage Therapy Practice ([HLT42021](#)) is an entry level qualification for professional association membership.

Higher qualifications

- Diploma of Remedial Massage ([HLT52021](#)) provides more advanced training.

Qualifications in Myotherapy can be obtained under the Victorian Registration and Qualification Authority (which is also taught in other states and territories):

- Advanced Diploma of Myotherapy ([Myotherapy 22656VIC](#))

Undergraduate qualification

- Bachelor of Health Science ([Clinical Myotherapy BHSCMYO13](#))

Post graduate qualification

Some professional massage therapists hold a graduate or post graduate degree usually in [health science](#).

1.2 What features from existing skills taxonomies are important to retain or address in a new NST?

Apart from the AQF, all taxonomies in their older form, are outdated, and no longer relevant to Australia's professional massage sector or the wider health sector.

2. Potential use cases for a National Skills Taxonomy

A National Skills Taxonomy (NST) can support a range of use cases with different benefits. The vision for a NST must reflect our collective aspirations. Principles should guide the Taxonomy's design and development, but trade-offs may be required to balance these principles effectively.

Please consider the following:

2.1 Where could an NST best add value for individuals, employers and educators and how?

Massage & Myotherapy Australia's purpose is to further interests of professional massage therapists, the sector and the Association as a representative body that sets and oversees professional standards, codes and education requirements.

An appropriate NST will be used to inform our work with various stakeholders including:

- Working with educators and educational institutions to ensure the skills and training provided meet the needs of health consumers, governments and the wider health sector and a secure supply chain of appropriately trained and skilled therapists is maintained.
- Providing additional Continuing Professional Development to ensure therapists' competencies evolve with the requirements of the market
- Inform various arms of government as to the needs, services and requirements of professional massage therapists in order to maintain a fair and equitable work and business environment
- Work with regulators such as commissioners and ombudsmen to ensure codes of conduct and behavioural expectations match the requirements of the sector, wider health sector and the community.

2.2 What are the potential unintended consequences or challenges of an NST that will need to be overcome?

The accuracy of the NST in describing the skills and tasks of remedial massage therapists and myotherapists, is the highest priority.

Long held community wide beliefs and a lack of understanding about what professional health related massage is and how it contributes to healthcare, must be acknowledged in order for an accurate new Skills Taxonomy to be developed.

As outlined in the response to 'Question 9 Lessons' inaccurate and misinformation in other taxonomies have contributed to numerous and longstanding issues in the sector.

For example, while there are some success stories coming from Australia's visa programs which is informed by ANZSCO, real life experience in general is not a positive one. This is largely due to temporary and skilled visa program rules being open to abuse because the description and definitions of professional massage therapy are too low level, open ended and vague. The negative downstream effects of Australia's many short-term and permanent visa programs on people in the sector are very significant and include:

- abuse and exploitation of migrant women
- illegal prostitution and indebtedness
- conflation between massage parlour sex workers, quasi-massage; and professional massage therapists
- daily sexual harassment in the workplace from patients
- a national culture or belief that all female massage therapists are potential sex workers who can expect to be sexually harassed and abused in the workplace

The consequences of inaccurate skills taxonomies have contributed to a lack of understanding and recognition of the current standards, competencies and skills of professional qualified remedial massage therapists and myotherapists. These include:

- well below average incomes across the professional massage sector
- a failure to support or properly recognise the qualifications, skills and contribution of women working as professional massage therapists
- limited financial access to qualified professional massage therapists for the public, in particular women who depend on clinical health-related massage at a higher rate than men.

2.3 What do you believe should be the overarching vision for the NST?

Accuracy and inclusion, that enables a level of detail that recognises the important difference of skills, and competencies that are required to perform required tasks efficiently, efficaciously, and successfully for patients.

2.4 What guiding principles should underpin the taxonomy? Are there any non-negotiables?

Equitable access, inclusion, accuracy, and commitment to all occupations

2.5 How should principles be prioritised if trade-offs are required?

Equitable access covers all as the primary values

3. Building a National Skills Taxonomy – design considerations

3.1 What should an NST look like? Considerations include:

1. **Definitions and nomenclature:** An overarching scope of practice that recognises the skills and competencies of the sector is required. This should be developed in consultation with each sector.
2. **Structure (skill groupings and typologies):** Enough detail to acknowledge common skill sets alongside further detail to separate the skills specific to each level with the sector is required.
3. **Granularity:** Limited to 4 structural levels as in the Singapore model: Overview and Taxonomy structure, developed with industry stakeholders, and close connection to education; and job roles and skills needed to perform various tasks and remain transferable within the job market.
4. **Information attached to each skill:** All of the following have relevance to correctly representing or describing the skills taxonomy of the massage sector: core skills, technical skills, behavioural skills, cross functional skills, specialist skills, digital/technology skills, psychomotor skills, and cultural competency skills.
5. **Proficiency and levelling:** As a sector of health, the massage sector should be guided by education and training. For example:

Definition of massage, remedial massage and myotherapy can be described as manual manipulation therapies involving the deep or shallow soft tissues of the body including muscles, tendons, and ligaments.

Core skills require a thorough knowledge about anatomy, physiology and pathology, also being skilled written communication, business management and marketing, and in personal skills well evolved human communication skills, a love for aiding others and continuous learning.

Primary tasks are clinically-focused massage modalities which, depending on the condition and circumstances, can combine a variety of soft tissue modalities to help address and describe the appropriate and effective treatment for conditions or lifestyle issues.

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.

Specific application

Entry level massage therapy assists with the relief from aches, pains, and stress-related symptoms.

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

Myotherapists and remedial massage 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.*

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

However, the conditions to which therapists have the training to address are predominantly acquired in the Remedial Massage Therapy qualification. This enables or prepares therapists to undertake the majority of tasks and treatments. The following table lists qualifications in regards to treatment tasks:

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

Alignment to other taxonomies: At a higher level, certain skills such as English language proficiency are a common requirement.

For small business an understanding of Australian taxation requirements, marketing, account reporting are common requirements.

However, the skills and tasks required to perform a specific occupation within healthcare requires more detail and specific description. In this regard the NST should make provision to ensure that the required level of detail and difference can be captured for each occupation.

Are there any additional features or key considerations for an effective design of the NST to support usage. its use? Considerations could include supporting materials that will enable or better facilitate NST:

4. Building a National Skills Taxonomy: Implementation considerations

What are the most appropriate ongoing governance arrangements for the NST?

4.2 How should the NST be updated and maintained? Considerations include:

1. How skills are identified for inclusion, including initial identification and validation:

The NST should be government lead, and industry driven. In this regard the rules of governance should be defined through consultation with sectors, but the final outcome determined by a representative committee that accurately reflects the structure and significance of stakeholders, wider implications and effects on all participants within the sector.

2. The rate at which update should occur:

A five-to-ten-year review and consultation cycle, combined with opportunity for individual occupations to update taxonomies should significantly change have occurred within the 10 years.

3. The development of data quality standards or a data quality framework:

Implementing a robust and achievable framework that defines the quality management methodology for accuracy and dissimilarities and ongoing improvement, requires commitment, long term funding and resources.

Any database standard is limited by resourcing. A commitment to fund and resource a quality standards and framework that is defined and agreed through the consultation process is required.

4.3 Which storage or dissemination methods / infrastructure would be most valuable for enabling effective use of the NST?

This will be determined by available technologies, cost and promised utility.

We do not support expenditure of tax payers dollars on the development of an entirely new database or storage facility. There are many working models and systems already available. Australia is a small economy compared to the EU and USA and is unlikely to have unique features that warrant such expenditure.

ⁱ Massage & Myotherapy Australia Practitioner Survey 2023

ⁱⁱ Myotherapy Research Summary Endeavour Interview Participant Pack AOR February 2021