Report on Policy Issues Concerning the Regulation of Massage Therapy in Canada

Prepared for:
The Federation of Massage Therapy Regulatory Authorities of Canada
(FOMTRAC)

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Background:
Canadians continue to demonstrate a strong interest in using complementary and alternative health care (CAHC) in conjunction with conventional Western medicine.[1] As a result, there is an increasing need to review the information regarding provincial/territorial policies and regulation of various CAHC professions and the potential impact of policy on public health and safety.

It has been suggested that each health care profession develops along a *professionalization trajectory* wherein the profession evolves from the status of an unregulated trade or service to a recognized and regulated profession with standards of practice.[2] This trajectory begins with the formation of a voluntary association of practitioners who work together to rally toward a common goal of enhancing the status of the profession. As the profession matures, certain elements such as consistent standards of practice, professional ethics and codes of conduct, educational standards prior to practice, a culture of public service and profession specific language and knowledge base are developed. Eventually, the profession reaches the stage where legislators are petitioned for a form of regulation and self-governance.[3]

Risk of Harm Analysis:
From a legislator's perspective, regulating occupations/professions, through certification or licensing, is intended to address public risk of harm which may result from improper delivery of the practice in question. Regulation of massage therapy mitigates potential risks of harm to the public such as intrinsic procedural risks, situation amplifications, adverse physical effects, and abuse or exploitation through the implementation of standards of practice and codes of ethics. These standards must be demonstrated by candidates at an entry-to-practice level in registration exams conducted by the regulatory body.

The behaviours and values required of Massage Therapists (and candidates for registration) are developed through massage therapy education. *Professional socialization* is "the process by which individuals acquire the specialized knowledge, skills, attitudes, values, and norms needed to perform their professional role."[4]

The professional socialization that occurs through professional education programs is instrumental in facilitating the development of a public service ethos, patient-centered care, evidence-based practice, ethical decision making and therapeutic reasoning. The importance of professional socialization in mitigating risk of harm is such that it cannot be developed in a short training program.

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[1] Health Canada. (2001). Introduction. In: *Perspectives in complementary and alternative health care*. Ottawa: Health Canada.
[2] Manitoba Law Reform Commission. (1994). Regulating professions and occupations. Winnipeg: Queen's Printer.
[3] Manitoba Law Reform Commission. (1994). Regulating professions and occupations. Winnipeg: Queen's Printer.
[4] Wilkerson, S.A. (n.d.) Professional socialization: nursing freshman scholar program. Retrieved on December 15, 2005 from: http://www.cic.uiuc.edu/groups/WISEPanel/archive/BestPractice/Best2Guidebook/professional_socialization.htm.

Regulatory Model Options

The responsibility of regulating the practice and governing the members of the profession typically falls to the profession's governing or regulatory body under the framework of self-regulation. All regulated health care professions in Canada, including massage therapy, give the responsibility of creating standards of practice and determining criteria for professional misconduct to the regulatory body. In turn, the regulatory bodies enforce adherence by their members to the codes and regulations by addressing breaches of the standards of practice and imposing disciplinary actions. Above all else, self-governing regulatory bodies exist to serve and protect public interest and prevent public harm.

In the certification model of regulation, there is no restriction in the access to non-certified practitioners; however, the public has access to information to make an educated choice. Title protection is especially important to Massage Therapists as, unlike many other health care professions, unregulated persons provide various forms of massage to members of the public. Title protection facilitates the referral to qualified massage therapy professionals from other regulated health care providers.

Due to the unreliability or hesitation of patients of complementary and alternative health care to report use of CAHC to their medical doctor, the public needs to have direct and transparent knowledge of which CAHC professionals are regulated and which are not, in order to make informed choices in their health care. In addition, health care professionals require the ability to distinguish between trained and untrained (or under trained) practitioners in order to refer their patients for safe and effective massage therapy treatment.

Single Category vs. Multi-category Models and Scope of Practice

Under a single category model, all Massage Therapists are educated to assess the needs of their patients, and, where appropriate, treat the concern or refer to another health care provider. This model ensures that, while the public can choose to access a regulated versus unregulated practitioner, they are reasonably assured that the regulated practitioner will have the ability to maintain the patient's safety through proper assessment and treatment. As vulnerable populations seek relaxation massage, public safety is unnecessarily put at risk in a multi-category model.

A multi-category model of regulation would create a dichotomy in which some practitioners would have the knowledge and skills necessary to assess, treat and refer any patient while other practitioners would not. This creates a situation wherein the public must choose the type of Massage Therapist they need. A review of the current literature reveals no evidence to support the argument that practitioners who provide *relaxation massage* require less education or clinical reasoning skills than those who provide *therapeutic massage*.

A multi-category model of certification will add an additional barrier to access to massage therapy for the public. This barrier will increase, not only the confusion surrounding the scope of practice of massage therapy in general, but the public risk that unqualified practitioners will treat high-risk patients. Uniform national standards for a single category of Massage Therapists, will allow the public the freedom to choose what kind of practitioner they want – regulated or unregulated – while ensuring a universal standard of quality care from regulated practitioners.

The Impact of the Agreement on Internal Trade and Mutual Reciprocity
The creation and signing of the Agreement on Internal Trade (AIT) by the Canadian provinces and territories was an effort to improve the movement of goods and services within the country. The federal government had, and continues to have, an interest in enhancing the mobility of health care professionals between the provinces/ territories. Identified in the AIT was the need to remove and prevent barriers to mobility.

The AIT was a catalyst for the massage therapy profession and caused a move toward establishing consistent standards in the regulated provinces in Canada. These standards are competency-based which ensures that practitioners are able to perform specific skills and tasks in order to be registered Massage Therapists. By coming together on these competency standards, the regulatory bodies in the regulated provinces have improved the mobility of Massage Therapists between provinces. By improving mobility, more Canadians will have access to safe and effective massage therapy. Regulation of the profession in all provinces and territories will facilitate this goal across the nation.

The Impact of Accreditation of Massage Therapy Education
The AIT has also spurred efforts within the massage therapy profession to create a national process of accrediting massage therapy education programs. Accreditation by an objective third party ensures that massage therapy programs, and the institutions that provide them, are accountable for providing quality education in accordance with preset standards for entrance to practice.

The issue of program/ institution accreditation is a complex one that requires the cooperation and commitment of not only the programs/ schools but also the regulatory body and provincial governments. The accreditation of programs/ schools is able to function more effectively if program approval (conducted at the provincial government level) is also strictly monitored.

Accreditation of massage therapy education programs serves to ensure public safety by raising the minimum standard of education to that which coincides with the expectations of the regulatory body for entry-to-practice. If all provinces/territories work together to set common standards, values, and professional competencies, the national quality of massage therapy education will increase and thereby increase the integrity of the overall profession. It is through a high quality massage therapy education program that, not only are professional skills developed but, the values needed to ensure public safety are cultivated.

Conclusions and Recommendations
Although the status of massage therapy on a professionalization trajectory is diverse, organizations who are seeking to facilitate the evolution of the profession are all working toward a common goal. This is seen when the scope of practice developed by each province/ territory (regulated and unregulated) is reviewed. All scopes of practice have common elements such as the manipulation of soft tissues for therapeutic benefit.

It is the recommendation of this report that:

1. Massage therapy be regulated in all provinces and territories of Canada to further a national massage therapy agenda for issues such as national examination and portability of Massage Therapists between provinces/territories.

2. Massage therapy maintain a broad scope of practice that encompasses a large range of options for assessing and treating a diverse population of patients.

3. Massage therapy be regulated under a certification/ right to title model where only practitioners who have successfully demonstrated professional competencies to the regulatory body are able to practice under the title of registered Massage Therapist (or similar).

4. Massage therapy be regulated under a single category model where all Massage Therapists who are registered with the regulatory body have the same set of values and skills enabling them to assess and treat a diverse patient population regardless of the environment in which they practice.

5. Massage therapy regulatory bodies require candidates for entry-to-practice examinations to be from accredited educational institutions, and more importantly accredited massage therapy programs, and require these institutions and programs be accredited by an external accreditation agency, unless this responsibility is delegated to a regulatory authority with an overriding public protection mandate.

6. Massage therapy education programs be of adequate length to ensure that the values of public service, patient-centered care, evidence-based practice, ethical decision making and therapeutic reasoning are developed as these values ensure that patient and public safety are at the forefront of a registered Massage Therapist's practice.

For unregulated provinces/territories seeking to regulate massage therapy, it is suggested that they consult with regulated provinces (and their regulatory bodies) in the hopes that current best practices can be shared. If all provinces/territories agree on a broad scope of practice and single category model of legislation, the issue of national standards and national examination can be addressed. Furthermore, Canadians would be able to expect that they will receive the same quality care from Massage Therapists regardless of region.

Report on Policy Issues Concerning
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Massage Therapy in Canada

Background

Canadians continue to demonstrate a strong interest in using complementary and alternative health care (CAHC) in conjunction with conventional Western medicine.[1] As a result, there is an increasing need to review the information regarding provincial/territorial policies and regulation of various CAHC professions and the potential impact of policy on public health and safety.

Massage therapy is the second most utilized CAHC modality, after chiropractic, in Canada.[2] Many Canadians are using complementary and alternative health care (CAHC) according to recent data (2003) from the Canadian Community Health Survey. An estimated 5.4 million Canadians or 20% of the total population aged 12 or older, reported have used some form of (CAHC) in the previous year to the survey. Of this group, 8% consulted a Massage Therapist for treatment.[3] As more Canadians use massage therapy, it was to be expected that massage therapy would come to the attention of other health care professionals. In a recent study in Alberta, 83% of physicians reported that they felt massage therapy was a useful adjunct to their practice and 71% had referred their patients for massage.[4] The support from the medical community for massage therapy would suggest that the utilization rates will continue to increase.

With increased use of massage therapy in Canada, the issue of public safety becomes an important issue for policy makers. Massage therapy is a regulated health care profession in three provinces in Canada: British Columbia, Newfoundland and Labrador, and Ontario.[5] Of the estimated 12000 to15000 Massage Therapists in Canada, a total of 9806 practitioners are registered in the three regulated provinces. In several of the unregulated provinces/territories there is currently movement toward regulation of Massage Therapists.

The three provincial regulatory bodies for massage therapy formed the Federation of Massage Therapy Regulatory Authorities of Canada (FOMTRAC) in 2003. FOMTRAC has commissioned this report for the purpose of identifying and evaluating policy issues pertaining to the regulation and professionalization of massage therapy in Canada.

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[1] Health Canada. (2001). Introduction. In: *Perspectives in complementary and alternative health care*. Ottawa: Health Canada.
[2] Ramsay C, Walker M, Alexander J. (1999). *Alternative medicine in Canada: use and public attitudes*. Vancouver: The Fraser Institute, 13.
[3] Statistics Canada. (2003). Health reports: use of alternative health care. Retrieved from: http://www.statcan.ca/Daily/English/050315/d050315b.htm on December 16, 2005.
[4] Verhoef, M., & Page, S. (1998, May). Physicians' perspectives on massage therapy. *Can Fam Physician, 44*: 1018.
[5] Canadian Massage Therapist Alliance. Frequently asked questions. Retrieved from: http://www.cmta.ca/ on September 1, 2005.

Objectives

The objectives of this report are to:

1. Review the origins of massage therapy regulation in Canada, including discussion on the government papers that provide relevant information regarding the need to regulate this profession.

2. Identify and describe the nature of risk of harm to the public that can reasonably be expected if massage therapy is provided by someone who is not competent or is acting unethically, including the risk of physical, financial and emotional/psychological harm.

3. Identify the policy options that are available to governments to regulate massage therapy practice and explain how policies minimize or eliminate identified risks of harm and maintain the public's right to informed choice.

4. Identify the scope of massage therapy practice across Canada, including a discussion of the advantages and disadvantages of a broadly defined scope of practice versus a narrower scope and the implications of multi-practitioner governance structures.

5. Discuss the impact of the Agreement on Internal Trade in terms of the development of competency-based registration standards, national accreditation and examinations, and related initiatives.

6. Discuss the roles of the regulatory body and massage therapy educational programs in relation to the process of program accreditation.

7. Present recommendations and guidelines regarding the regulation of massage therapy in Canada.

1. The Origins of the Regulation of Massage Therapy in Canada

Massage has a history that spans many cultures over many ages. References to massage have been seen as early as 3000 BC.[6] The development of massage therapy as an organized form of physical treatment in Europe was formalized in the late 19th century by British physicians, Drs. William Murrell and James Mennell.[7] Massage therapy was brought to Canada during World War I when massage therapy-trained nurses used massage techniques for the orthopaedic rehabilitation of war-injured soldiers and civilians. *Remedial massage*, as it was then known, became a regulated health profession in Ontario in 1919. In addition to Ontario, massage therapy is currently regulated in British Columbia (since 1946) and Newfoundland and Labrador (since 2002).

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[6] The history of massage. Retrieved from: http://www.cam.ac.uk/societies/cumass/html/history.htm on December 18, 2005.

[7] Cowall, F.E. (2004, Fall). One blinded soldier: the influence of WW I on the development of massage therapy in Ontario. *Massage Therapy Canada,* 13-20.

It has been suggested that each health care profession develops along a *professionalization trajectory* wherein the profession evolves from the status of an unregulated trade or service to a recognized and regulated profession with standards of practice.[8] This trajectory begins with the formation of a voluntary association of practitioners who work together to rally toward a common goal of enhancing the status of the profession. As the profession matures, certain elements such as consistent standards of practice, professional ethics and codes of conduct, educational standards prior to practice, a culture of public service and profession specific language and knowledge base are developed. Eventually, the profession reaches the stage where legislators are petitioned for a form of regulation and self-governance.[9]

Although massage therapy has an extensive history, the position of the massage therapy profession on this professionalization trajectory is somewhat diverse depending on the province/territory of practice. As has been previously stated, three provinces in Canada have achieved regulated status. Several other provinces/territories are currently developing and/or considering regulatory legislation.

From a legislator's perspective, regulating occupations/professions, through certification or licensing, is intended to address public risk of harm which may result from improper delivery of the practice in question. Currently in Ontario, massage therapy is part of the *Regulated Health Professions Act, 1994* (RHPA). It is thought that the inclusion of massage therapy under the RHPA was in part a reaction to the demonstrated risk to the public of sexual impropriety and sexual abuse by health care professionals. The government responded to this potential threat to public safety by regulating massage therapy, and all professions, where such risk was identified. In British Columbia, massage therapy has been regulated as a health care profession since 1946 and is currently regulated under the *Health Professions Act (HPA)*. In Newfoundland and Labrador, massage therapy was first regulated in 2002 when the *Act to Regulate the Practice of Massage Therapy* which came into force. This act was subsequently replaced by the *Massage Therapy Act, 2005*. (For further details on the history of legislation of massage therapy in Canada, see ***Appendix I***).

Through regulation, standards of practice and codes of ethics are created that function to decrease public risk of harm by increasing the level of professionalism. *Professional socialization* is "the process by which individuals acquire the specialized knowledge, skills, attitudes, values, and norms needed to perform their professional role."[10] The professional socialization that occurs through professional education programs is instrumental in facilitating the development of a public service ethos, patient-centered care, evidence-based practice, ethical decision making and therapeutic reasoning. These values ensure that patient and public safety are at the forefront of a registered Massage Therapist's practice. Regulation of massage therapy is an advanced step on the professionalization trajectory that facilitates public safety through the encouragement of ethics and standards of practice.

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[8] Manitoba Law Reform Commission. (1994). Regulating professions and occupations. Winnipeg: Queen's Printer.

[9] Manitoba Law Reform Commission. (1994). Regulating professions and occupations. Winnipeg: Queen's Printer.

[10] Wilkerson, S.A. (n.d.). Professional socialization: nursing freshman scholar program. Retrieved from: http://www.cic.uiuc.edu/groups/WISEPanel/archive/BestPractice/Best2Guidebook/professional_socialization.htm on December 15, 2005.

In summary, the regulation of massage therapy in Canada has been successfully achieved by three provinces. The resounding need to protect the public from harm is the most convincing reason to require regulation of health care professions, including massage therapy. In terms of a professionalization trajectory, massage therapy is diverse in its position on this trajectory across Canada. However, the farther along a profession is on this trajectory, the more tools it has to keep the practices safe and effective. Furthermore, the establishment of legislation for massage therapy in Ontario, British Columbia and Newfoundland and Labrador has shown that there is the need for regulation to protect the public and the capacity to maintain self-regulation.

2. Risk of Harm Analysis

When discussing the formation of policy regarding health care regulation, it is necessary to consider the potential risk of harm to the public as, from a legislator's perspective, regulating health care professions is intended to address public risk of harm. Some potential risks inherent in health care, and specifically in massage therapy, include intrinsic procedural risks, *situation amplifications*, adverse physical effects, fraud, and abuse or exploitation. (See ***Appendix II*** for a full discussion of the adverse effects outlined below).

Intrinsic procedural risks, where procedures and techniques used have the potential to cause physical or physiological damage[11], are inherent in many health care disciplines. Many of the procedures and techniques used by Massage Therapists are administered because they cause a therapeutic disruption to unhealthy tissues. Improper application can cause bruising, swelling of the tissue, and considerable pain.[12] The risk to a patient can also take the form of *situational amplifications* such that the condition worsens as a result of the intervention. This could consist of a temporary worsening of symptoms[13] or the development of more serious health outcomes.[14,15]

The ***risk of adverse physical effects*** has not been discussed at great length in the massage therapy research literature. However, a systematic review conducted in 2003 analyzed case studies and case series that reported adverse effects from various massage interventions. The author, Dr. Edzard Ernst, stated that the results of this review "suggest that massage by non-professionals and the use of forceful techniques are relatively often associated with adverse events".[16]

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[11] Health Canada. (2005). Complementary and Alternative Health Care: The Other Mainstream? Retrieved from: http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rps/bull/2003-7-complement/intro_e.html#page14 on December 11, 2005.
[12] College of Massage Therapists of British Columbia. (1998). *Revising the scope of practice of B.C.'s Massage Therapists.* Retrieved from: http://cmtbc.bc.ca/pdf/sp980728.pdf on September 30, 2005.
[13]. Health Canada. (2005). Complementary and Alternative Health Care: The Other Mainstream? Retrieved from: http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rps/bull/2003-7-complement/intro_e.html#page14 on December 11, 2005.
[14] Trotter, J.F. (1999). Hepatic hematoma after deep tissue massage. *N Engl J Med, 34*, 2019-20.
[15] Giese, S., & Hentz, V.R. (1998). Posterior interosseous syndrome resulting from deep tissue massage. *Plast Reconstr Surg, 102,* 1778-9.
[16] Ernst, E. (2003). The safety of massage therapy. *Rheumatology, 42*: 1106.

The ***risk to vulnerable populations*** is an important consideration for legislators as the utilization of massage therapy by this group is high. Recent research reveals a growing interest in the safety and efficacy of massage therapy for children and adults with serious or chronic illnesses such as cancer, HIV, post-traumatic stress disorder, pregnancy, multiple sclerosis and diabetes.

The 1999 report from the Fraser Institute revealed that 16% of the Canadian households surveyed with children under the age of 18 used massage therapy for their children in the 12 months prior to the survey.[17] In addition, data from Health Canada indicates significant trends regarding the increased prevalence of chronic conditions including heart disease and other high risk disorders.[18] In the last 20 years, hypertension as a medical condition rose by 36%, diabetes by 75%, and cancer by 200%.[19] Clearly, as the proportion of Canadians in advancing age categories increases so will the proportion of massage therapy patients with higher risk health concerns. Governments must ensure that members of the public with increasing health risks, coupled with greater life expectancy, have access to safe and effective massage therapy.

The ***risk of financial harm*** is mitigated through regulation of health care providers, including Massage Therapists, by ensuring that health care providers accept responsibility for serving the patient's best interest. Regulation encourages the process of professional socialization that serves to inculcate values of public service and patient-centred care. This process prepares practitioners to follow current best standards of clinical decision making in the provision of care which includes creating treatment plans based on therapeutic reasoning rather than financial gain. An untrained or under-trained practitioner might make recommendations to a patient based upon financial gain which might lead to economic harm.

The ***risk of sexual abuse*** that exists in the massage therapy profession results from the potential for sexual exploitation of patients by therapists. The nature of the therapeutic relationship inherent in massage therapy is complex at best. It is essential, for public safety, to be able to clearly distinguish between regulated professionals who are trained in professional ethics and boundaries and are held accountable for their conduct, from untrained or under trained and unregulated practitioners. A review of the disciplinary hearings of members of the current regulatory bodies of massage therapy in Canada shows significant occurrence of complaints and findings of guilt of sexual abuse of members of the public by members of the College of Massage Therapists of Ontario and the College of Massage Therapists of British Columbia and illustrates the need for such a process to protect the public.

It is possible that the number of actual cases of sexual abuse is under-reported in regulated provinces. Alternatively, it is possible that through the professional socialization and development of clinical decision making skills inherent in the level of massage therapy education necessary to successfully complete registration/certification

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[17] Ramsay C, Walker M, Alexander J. (1999). *Alternative medicine in Canada: use and public attitudes*. Vancouver: The Fraser Institute, 13.

[18] Health Canada. (2005). Aging: Financial Impacts on the Health Care System. Retrieved from http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rps/bull/2001-1-aging-veillissement/intro_e.html on September 18, 2005.

[19] Health Canada. (2005). Aging: Financial Impacts on the Health Care System. Retrieved from http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rps/bull/2001-1-aging-veillissement/method_e.html#page18 on September 18, 2005.

exams that the risk of sexual abuse is lowered. However, in provinces/territories where there is no formal legislation with enforceable standards of practice and codes of ethical conduct, it is likely that the number of unreported cases of sexual abuse of patients by under trained and unregulated practitioners is higher. The documented occurrence of incidents of sexual abuse demonstrates a serious and substantial risk of psychological and emotional harm that a regulatory body must serve to redress.

Regulation of massage therapy mitigates potential risks of harm to the public such as intrinsic procedural risks, situation amplifications, adverse physical effects, and abuse or exploitation through the implementation of standards of practice and codes of ethics. These standards must be demonstrated by candidates at an entry-to-practice level in the registration exams. The behaviours and values required of Massage Therapists (and candidates for registration) are developed through massage therapy education. The importance of professional socialization in mitigating risk of harm is such that it cannot be developed in a short training program. In order for candidates to be successful at registration exams, they require education that focuses on developing a public service ethos, ethical clinical reasoning and therapeutic decision making.

The existence of a regulatory body clearly gives the public, specifically patients of massage therapy, access to a system that upholds complainants' rights to professional health care. The massage therapy regulatory bodies have repeatedly demonstrated their competence to administer penalties that are adequate to protect the public.

Physical harm from inappropriate treatment applied by insufficiently trained and under educated providers is more likely in unregulated environments where the uniformity of standards of educational preparation, standards of practice and codes of ethical conduct are not upheld in law. In addition, fraudulent claims to insurance companies are under policed without statutory regulation. Emotional and psychological harm from sexual abuse and exploitation of vulnerable populations are largely unchecked when no regulation of massage therapy exists.

3. Regulatory Model Options

Public interest demands that massage therapy be regulated in a uniform manner so that all Canadians have access to the same quality of service and protection that is enjoyed in regulated provinces. In Canada, current under-regulation of massage therapy leaves the public at risk that cannot be satisfactorily contained by voluntary professional associations. Indeed, voluntary associations that permit membership to Massage Therapists without any entry to practice standard place the public at increased risk when public perception may be that membership with an association provides assurance of quality and safety. Two models currently exist in Canada under which various disciplines of health care have been regulated in order to ensure quality and safety.

Recent reforms in health care regulation have moved away from that which is commonly called the *licensure model* towards the c*ertification or right to title/reserved title model*. The *licensure model* is based upon the concept of exclusive scope of practice. This model prohibits anyone who is not a licensed provider from engaging in the service in question. The *certification or right to title/reserved title model* is based upon the concept that practitioners who are engaged in health care delivery have met certain training and educational requirements, are subject to particular ethical requirements, and employ care within a delineated scope of practice. Governance under the *right to title model*

does not prevent unregulated persons from performing said services but is meant to grant assurance of quality as only practitioners who have met the requirements listed above may use the reserved title. Through the *certification model* the public is able to make an informed choice between a certified or uncertified practitioner.[20] Both models can and do co-exist in regulatory jurisdictions such that physicians, dentists and pharmacists may operate as licensed providers while others, such as Massage Therapists and physiotherapists, might be regulated under a certification framework.

The Manitoba Law Reform Commission recommends that government decision-makers use two principles when choosing between the *licensure model* and the *certification model* to regulate occupations/professions. The first principle is that, as applying the framework for a *licensure model* is costly and significantly restricts access, it is only justifiable "if it will substantially reduce the threat of serious harm to the public".[21] The second principle is that certification is the more suitable model "when the threat of harm is less serious, when it affects only the user of the service (or its effects on third parties are minor) and when it will result in greater patient knowledge of the qualifications of the practitioners sufficient to reduce the risk of harm to acceptable levels".[22] The British Columbia Health Professions Council emphasizes that the list of risk factors used to judge the value of regulations articulated by the Manitoba Law Reform Commission are not criteria that must all be met; they are intended only as a guide to the factors that must be balanced in determining whether an act should be reserved.[23]

Numerous reports and recommendations from government commissions and committees have lead to restructuring of regulatory models. Ontario was the first to adopt a system whereby all health providers are governed within the same regulatory framework. These legislative reforms were intended to ensure public safety while allowing for patient choice. Safety is addressed by "protecting patients from practitioners who do not provide care of a high quality".[24] A strong regulatory environment serves to "ensure practitioners only do what they are fully qualified and competent to do".[25] The model operates under the three main elements:

1. A scope of practice that sets out what the specific provider does,
2. A set of controlled acts that are clearly defined and may only be practiced by specified professions/ professionals, and;
3. A harm clause that prevents health professionals and non-health professionals alike from involving themselves in the health care of a member of the public when foreseeable serious harm may result unless in an emergency situation.

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[20] Manitoba Law Reform Commission. (1994). Regulating professions and occupations. Winnipeg: Queen's Printer.
[21] Manitoba Law Reform Commission. (1994). Regulating professions and occupations. Winnipeg: Queen's Printer, 20.
[22] Manitoba Law Reform Commission. (1994). Regulating professions and occupations. Winnipeg: Queen's Printer, 21.
[23] British Columbia Health Professions Council. (2005, July). Shared scope of practice model working paper. Retrieved from: http://www.hlth.gov.bc.ca/leg/hpc/review/shascope.html on September 8, 2005.
[24] York University Centre for Health Studies. (1999). *Complementary and alternative health practices and therapies – a Canadian overview*. Toronto: In house, 123.
[25] York University Centre for Health Studies. (1999). *Complementary and alternative health practices and therapies – a Canadian overview*. Toronto: In house, 123.

Within this governance model, profession-specific statutes grant titles to members of the regulated professions such that unregulated individuals cannot represent themselves to the public as qualified to practice the profession.

The responsibility of regulating the practice and governing the members of the profession typically falls to the profession's governing body under the framework of self-regulation. All regulated health care professions in Canada, including massage therapy, give the responsibility of creating standards of practice and determining criteria for professional misconduct to the regulatory body. In turn, the regulatory bodies enforce adherence by their members to the codes and regulations by addressing breaches of the standards of practice and imposing disciplinary actions. Above all else, self-governing regulatory bodies exist to serve and protect public interest and prevent public harm.

In Ontario, a broad and rigorous Health Professions Legislation Review (HPLR) process began in 1982. During the review process more than 75 health professions requested regulation and 23 were granted the privilege, including massage therapy. Prior to this moment, massage therapy was regulated under the antiquated Drugless Practitioners Act.[26] The HPLR articulated the need for regulation, the use of professional titles, and a further defined scope of practice of each profession. This suggestion addressed the need to protect the public interest while maintaining "the consumer's right to choose his or her own health care provider from a range of safe options".[27] Following review, broad consultation and reform, the Health Professions Legislation Act was declared in Ontario in 1991.

Currently, the Health Professions Regulatory Advisory Council (HPRAC) in Ontario functions to advise the Ministry of Health and Long-Term Care concerning the regulation of the health care professions on an ongoing basis. HPRAC details the framework under which they operate in accordance with the Regulated Health Professions Act which created a mechanism by which to regulate practitioners through scope of practice. The scope of practice mechanism is comprised of the following elements:

- Scope of Practice Statement
    - Gives information about what a person practicing the profession does, the methods used to do it, and for what purpose it is done.
- Controlled/Authorized Acts
    - Potentially hazardous health care activities that have been identified and restricted and therefore may only be performed by specific professions who have been granted that provision.
- Harm Clause, and
    - Aims to prevent unqualified practitioners or non-regulated practitioners from causing harm to the public.
- Title Protection.
    - Aims to prevent unauthorized use of a professional title by individuals who are not regulated members, inclusive of a "holding out" clause which

[26] Health Professions Legislation Review (1989). *Striking a New Balance: A Blueprint for the Regulation of Ontario's Health Professions.* Toronto: Queens Printer.
[27] Health Professions Legislation Review (1989). *Striking a New Balance: A Blueprint for the Regulation of Ontario's Health Professions.* Toronto: Queens Printer, 4.

> documents that individuals can not hold themselves out, by any means, as being regulated under the Act. [28]

The British Columbia Health Professions Council was appointed by the Minister of Health in 1991 to advise on applications by unregulated practitioners for designation as self-regulated health professions and later in 1994 to review the scope of practice and legislation of numerous currently self-regulating health professions. It has been reported that the Council borrowed liberally from the framework created by the Ontario review and that this in turn facilitated the move toward uniformity and portability within the country.[29] Conclusions from the Health Professions Council state that an attempt was made to "enhance the choices available to the public in determining its health care needs while ensuring that the choices are within safe parameters".[30] The Health Professions Council's view on regulating massage therapy is that "the public interest is served by professional legislation which promotes quality in the delivery of health care services within safe parameters".[31]

British Columbia has restructured their regulatory framework through the use of scope of practice, reserved acts, title protection, and risk of harm clauses. The way in which risk of harm is identified and assessed has caused considerable controversy across the country. The Health Professions Council must:

> …consider the extent to which the practice of a health profession may involve a risk of physical, mental or emotional harm to the health, safety or well being of the public, having regard to (a) the services performed by practitioners of the health profession, (b) the technology, including instruments and materials, used by practitioners, (c) the invasiveness of the procedure or mode of treatment used by practitioners, and (d) the degree to which the health profession is (i) practiced under the supervision of another person who is qualified to practice as a member of a different health or (ii) practiced in a currently regulated environment.[32]

While a licensure model prevents unlicensed practitioners from participating in certain practices, it is not appropriate for all forms of health care providers. As massage therapy is not a *controlled act* and is within the public domain, a licensure model is not appropriate. Under a certification or right to title/reserved title model, practitioners who are engaged in health care practices, in this case massage therapy, have to meet

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[28] Health Professions Regulatory Advisory Council. (2005). Legislation. Retrieved from: http://www.hprac.org/english/pageDisplay.asp?webDocID=541 on August 28, 2005.
[29] Health Professions Council. (2005). Scope of Practice Review Part I – Volume 1. Retrieved from: http://www.hlth.gov.bc.ca/leg/hpc/review/part-i/scope-review.html#IVC5ei on September 11, 2005.
[30] Health Professions Council. (2005). Scope of Practice Review Part I – Volume 1. Retrieved from: http://www.hlth.gov.bc.ca/leg/hpc/review/part-i/scope-review.html#IVC5ei on September 11, 2005.
[31] Health Professions Council. (2005). Massage Therapists Scope of Practice Preliminary Report. Retrieved from: http://www.hlth.gov.bc.ca/leg/hpc/review/part-i/scope-massage.html on September 5, 2005.
[32] Health Professions Council. (2005). Recommendations on the designation of early childhood education. Retrieved from: http://www.hlth.gov.bc.ca/leg/hpc/reports/apps-ece.html on December 12, 2005.

certain training and educational requirements, are subject to particular ethical requirements, and employ care within a delineated scope of practice.

With regulation, patients become better equipped to make choices in selecting care. Patients who use many forms of CAHC practices have shown to be less likely to discuss their use of CAHC with their medical doctors.[33] The Fraser Institute study revealed that only 42% of those seeking massage therapy services had discussed this use with their medical doctor.[34] Due to the unreliability or hesitation of users of complementary and alternative health care to report use of CAHC to their medical doctor, the public needs to have direct and transparent knowledge of which CAHC professionals are regulated and which are not, in order to make informed choices in their health care. In addition, health care professionals require the ability to distinguish between trained and untrained (or under trained) practitioners in order to refer their patients for safe and effective treatment.

In the certification model of regulation, there is no restriction in the access to non-certified practitioners; however, the public has access to information to make an educated choice. Title protection is especially important to Massage Therapists as, unlike many other health care professions, unregulated persons provide various forms of massage to members of the public. Title protection facilitates the referral to qualified massage therapy professionals from other regulated health care providers. Without some form of regulation of practices, the public is vulnerable as they do not have adequate amounts of information with which to make decisions about Massage Therapists. The public must be protected from any risk of harm associated with health care practices, including massage therapy. Public safety is enhanced through regulation.

4. Single Category vs. Multi-category Models and Scope of Practice

There are three national organizations in Canada currently debating the advantages and disadvantages of regulating members of the profession within a single category model for massage therapy through a broadly defined scope of practice (single category model) versus regulating a range of levels and types of Massage Therapist through narrowly defined scopes of practice for each level of type of Massage Therapist (multi-category model). The national organizations involved in this debate include:

CMTA

The Canadian Massage Therapist Alliance (CMTA) is a voluntary national organization composed of provincial and territorial professional associations from seven provinces and one territory which represents approximately 3500 Massage Therapists.[35] Each association that wishes to be part of the Alliance must require a minimum of 2200-hours of professional education of its members. The Alliance strives to "foster and advance the art, science and philosophy of massage therapy through nationwide co-operation in

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[33] Ramsay C, Walker M, Alexander J. (1999). *Alternative medicine in Canada: use and public attitudes*. Vancouver: The Fraser Institute.

[34] Ramsay C, Walker M, Alexander J. (1999). *Alternative medicine in Canada: use and public attitudes*. Vancouver: The Fraser Institute.

[35] Canadian Massage Therapy Alliance. (2005). Home Page. Retrieved from: http://www.cmta.ca/ on October 1, 2005.

a professional, ethical and practical manner for the betterment of health care in Canada."[36]

FOMTRAC

The Federation of Massage Therapy Regulatory Authorities of Canada (FOMTRAC) is an organization with membership open to massage therapy regulatory boards and colleges with a statutory mandate to regulate the profession in a province or territory of Canada. Currently FOMTRAC consists of regulatory bodies from British Columbia, Ontario, and Newfoundland and Labrador. The three regulatory bodies represent 9903 Massage Therapists (BC – 2024, NFLD – 131, ONT – 7648 as of the date of publication of this report). This organization shares information on registration, accreditation, curriculum, discipline, quality assurance, patient relations, inquiry and investigations, public and government relations and other issues relevant to protecting the public within the regulatory jurisdictions.

AMTWP

The Association of Massage Therapists and Wholistic Practitioners (AMTWP) is a voluntary professional association serving both Massage Therapists and wholistic practitioners (defined as "a practitioner who uses techniques, modalities or disciplines to assist the creation of wholeness and health in the client"[37] and who are unregulated in Canada). The AMTWP represents 4500 members, which included both types of practitioners.[38] The educational training of the Massage Therapist members of the association is diverse and ranges from programs with 251 to over 2200 hours.[39]

Canadian Massage Therapists' Scope of Practice

Currently, the scope of practice of massage therapy differs slightly depending on province. Each scope of practice relates to the manipulation of soft tissues of the body for therapeutic benefit. Under the current model of regulation, the scope of practice of massage is broad and encompasses a large range of treatment options. It is interesting to note that unregulated provinces that have developed a scope of practice statement contain similar components as statements made by regulated provinces. (See ***Appendix III*** for a full description of scope of practice in regulated and unregulated provinces/territories).

Single Category vs. Multi-category Models

Massage therapy organizations in Canada, such as the CMTA, FOMTRAC, and the AMTWP, recognize and support the need for legislation to regulate the practice of massage therapy in Canada. However, these organizations diverge on the points of *how* provinces should approach said legislation. The CMTA and FOMTRAC support a single category model of legislation whereas the AMTWP supports a multi-category model.

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[36] Canadian Massage Therapy Alliance. (2005). Home Page. Retrieved from: http://www.cmta.ca/ on October 1, 2005.

[37] The Association of Massage Therapists and Wholistic Practitioners. (2004). Definitions. Retrieved from: http://www.amtwp.org/Site/Sections/Information/Pages/info_definition.aspx on December 7, 2005.

[38] The Association of Massage Therapists and Wholistic Practitioners. (2004). Home Page. Retrieved from: http://www.amtwp.org/Site/Sections/Index/Pages/index.aspx on October 1, 2005.

[39] The Association of Massage Therapists and Wholistic Practitioners. (2005, Summer). Highlights from the 2004 AMTWP Massage Therapist Survey. *Massage Therapy Canada*.

The Manitoba Law Reform Commission[40] recommended to government that occupational and professional regulation should be adopted by regulating the tasks or services rather than the practitioner or occupations. The government must be assured that the public interest is protected and enhanced in that the provider chosen can, if the need arises, competently address each individual's needs within the provider's scope of practice.

A multi-category model may increase the physical and financial risk of harm to the public, for example if a member of the public chooses the wrong category of provider. A single category for massage therapy services defined through a broad scope of practice that clearly sets out what interrelated tasks a Massage Therapist may perform, may be less confusing to the public and provide better protection from risk of harm.

Multi-category Models

In a policy document circulated to stakeholders in the industry and government, the AMTWP recommended that there should be a multi-category model consisting of four categories of regulated Massage Therapists in Canada. These competency-based categories of massage therapy would include general, remedial, advanced remedial and research.[41] The arguments in favour of a multi-category model center around two points: level of education and therapeutic intention.

Level of Education:

It has been suggested that a multi-category model be based on the level of education that each tier of the model would receive. The AMTWP has stated that "many schools across Canada continue to offer multi-category training programs for different work environments and related scopes of service".[42] Currently, no such programs exist. Institutions, such as the West Coast College of Massage Therapy in BC, offer programs other than a 3000 hour massage therapy program. However, these programs, such as spa technician and personal trainer, are not accredited as different categories of massage therapy training. They are training programs for different occupations.

Therapeutic Intention:

As part of the argument in support of multi-category levels for massage therapy, the AMTWP identifies differing levels of risk of harm associated with the therapeutic intent of the practitioner. For example, the AMTWP Model of Inclusive Regulation delineates the practice of "work that is not directed toward altering pathological processes" from "working on people with simple acute and chronic condition" from "working on people with complex acute and chronic conditions".[43]

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[40] Manitoba Law Reform Commission. (1994). Regulating professions and occupations. Winnipeg: Queen's Printer.

[41] Association of Massage Therapists and Wholistic Practitioners. (2005). Policy on Uniform Standards and Regulation of Massage Therapy. Retrieved from: http://www.amtwp.org/Site/Sections/Resources/Pages/resources_uniform.aspx on September 28, 2005.

[42] The Association of Massage Therapists and Wholistic Practitioners. (2005). A Proposal on Exploring Future Trends and Directions of Massage Therapy. Unpublished.

[43] The Association of Massage Therapists and Wholistic Practitioners. (2005). Model of Inclusive Regulation. Unpublished.

Single Category Models

The current model implemented by legislators in provinces where massage therapy is regulated is a single category of registered Massage Therapist under a broad scope of practice. Under this model, although the scope of practice of massage therapy is broad it is clearly defined. Additional policies exist which delineate which additional modalities are allowed within this clear scope of practice. To practice modalities identified to be outside of scope of practice and bill them as "massage therapy" is against standards of practice and codes of ethics. The arguments in favour of a single category model focus on two points: quality and safety.

Quality of Massage Therapy Practice:

The balance between a broad scope of practice ("soft tissue manipulation") and tightly prescribed inclusion and exclusion of specific sub-modalities provides adequate protection of the public from exploitation and adequate freedom for Massage Therapists to develop their skills beyond entry to practice levels. For example, the CMTO policy on complementary modalities designates aromatherapy within the schedule of modalities that may be integrated into a treatment plan by a Massage Therapist but not used exclusively in and of themselves.[44] In addition the public is further protected in a single category model, as all types of massage therapy manipulations must be performed within the overarching context of uniform standards of practice of patient care and technical performance of manipulations.

Safety of Massage Therapy Practice:

All Canadians need adequate assurance that the health care professional they choose is both responsible for and capable of assessing their current health status to determine the risks and benefits of having or not having the treatment at the time of treatment. Massage Therapists must have the knowledge and skills to determine if their care should be administered at all, modified, or if the person should be referred elsewhere. Under a single category model, Massage Therapists have the same scope of practice, educational requirements and ability to assess and treat all types of patient.

Comparison of Single Category verses Multi-category Models

A multi-category model would create a dichotomy in which some practitioners would have the knowledge and skills necessary to assess, treat and refer any patient while other practitioners would not. This creates a situation wherein the public must choose the type of Massage Therapist they need. A review of the current literature reveals no evidence to support the argument that practitioners who provide *relaxation massage* require less education or clinical reasoning skills than those who provide *therapeutic massage*. Under a single category model, all Massage Therapists are educated to assess the needs of their patients, and, where appropriate, treat the concern or refer to another health care provider. This model ensures that, while the public can choose to access a regulated versus unregulated practitioner, they are reasonably assured that the regulated practitioner will have the ability to maintain the patient's safety through proper assessment and treatment.

The College of Massage Therapists of British Columbia (CMTBC) has also addressed the issue of relative risk of harm associated with the therapeutic intent of a qualified

[44] College of Massage Therapists of Ontario. (2003). Complementary Modalities. Retrieved from: http://www.cmto.com/regulations/ModComplement.htm on October 20, 2005.

registered Massage Therapist.[45] However, CMTBC's position on relative risk is that of an inclusive scope of practice, competencies, and credentials of registered Massage Therapists with individual tasks having differing levels of associated risk.

A significant trend that is fuelling the debate between single and multi-category models is the growing number of spas in which Massage Therapists are finding employment.[46] The President of the Association of Premiere Spas of Ontario comments that spa users are increasingly likely to have functional and terminal illnesses such as high blood pressure, diabetes, and gastrointestinal conditions and those with terminal illness also seek stress and symptom relief at spas.[47] Should a multi-category model be implemented, the potential that a high-risk patient would access massage therapy in a spa setting from a practitioner who would not be qualified to assess and refer him/her or adequately adapt the treatment in accordance with the health status of the individual exists.

The AMTWP offers additional support for its case for multi-category credentialing model with mention of simplified patient health history forms for members working in spa environments. The implication is that standards of practice for Massage Therapists in a spa setting might be less rigorous than those for Massage Therapists in other tiers of the model. Under the current single category mode in regulated provinces, the scope of practice and practice standards for all registered Massage Therapists requires that all members have the same level of educational preparation to be able to safely practice therapeutic massage in any work environment and with any population of patients.

The express purpose in regulating any health care profession is to protect the public from risk of harm while not restricting patients' freedom of choice. A multi-category model of certification will add an additional barrier to access to massage therapy for the public. This barrier will increase, not only the confusion surrounding the scope of practice of massage therapy in general, but the public risk that unqualified practitioners will treat high-risk patients. Uniform national standards for a single category of Massage Therapists, will allow the public the freedom to choose what kind of practitioner they want – regulated or unregulated, while ensuring a universal standard of quality care from the regulated professional.

5. The Impact of the Agreement on Internal Trade and Mutual Reciprocity

The creation and signing of the Agreement on Internal Trade (AIT) by the Canadian provinces and territories was an effort to improve the movement of goods and services within the country. The federal government had, and continues to have, an interest in enhancing the mobility of health care professionals between the provinces/ territory. Identified in the AIT was the need to remove and prevent barriers to mobility.

Those involved in the AIT agreed to six guiding principles:

- Non-discrimination

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[45] College of Massage Therapists of British Columbia. (2000, July). *Further Commentary on the Risk of Harm Associated with the Practice of Massage Therapy*. Retrieved from: http://cmtbc.bc.ca/pdf/sp070600.pdf on September 15, 2005.
[46] (2005, Summer). Today's Spa Trends. *Massage Therapy Canada Magazine*.
[47] (2005, Summer). New trends in the spa industry and the role of health care professionals. *Massage Therapy Canada Magazine*.

- Right of entry and exit
- No obstacles
- Legitimate objectives
- Reconciliation
- Transparency[48]

These principles function to establish equal treatment of all Canadians by providing equal access to goods and services. One of the guiding principles of particular interest to the massage therapy profession was the principle of *reconciliation*. Reconciliation is defined as "[p]roviding the basis for eliminating trade barriers caused by differences in standards and regulations across Canada."[49] With the varying standards across the country, Massage Therapists were not able to move with ease between the provinces.

The impact of the AIT was that the regulated province made an effort to increase the mobility of massage therapy between the provinces. These efforts led to the development of competency-based registration standards for the profession of massage therapy in the regulated provinces in order to facilitate transfer and mobility of Massage Therapists.

In Ontario, the CMTO produced the Massage Therapy Competency Standards in 2002. The Newfoundland and Labrador Massage Therapists' Board adopted the competencies created by the CMTO. It was determined that the document accurately reflected the minimum competencies of the practice of massage therapy in this jurisdiction.[50]

In 2004, the College of Massage Therapists of British Columbia (CMTBC) created the Massage Therapy Occupational Competency Profile (OCP).[51] In British Columbia, the regulatory College must establish "standards of academic or technical achievement and the qualifications required for registration as a member of the College". The OCP establishes the learning outcomes required of the accredited educational programs and the competencies to be tested in the entry to practice examinations to award registration.

The regulatory bodies of massage therapy in Canada have successfully met the requirements of the trade agreement by establishing a Mutual Recognition Agreement with signatory status from all three regulated jurisdictions. The AIT stipulates that any trade or profession regulated in Canada must negotiate a Mutual Recognition Agreement to facilitate the movement of members of a particular profession within Canada.

The Agreement for Internal Trade was a catalyst for the massage therapy profession and caused a move toward establishing consistent standards in the regulated provinces in Canada. These standards are competency-based which ensures that practitioners are

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[48] (n.d.). Overview of the Agreement on Internal Trade. Retrieved from: http://www.intrasec.mb.ca/en/ait/overview.htm on December 12, 2005.
[49] (n.d.). Overview of the Agreement on Internal Trade. Retrieved from: http://www.intrasec.mb.ca/en/ait/overview.htm on December 12, 2005.
[50] Newfoundland and Labrador Massage Therapists' Board. (2003). Becoming a Massage Therapist. Retrieved from: http://www.nlmtb.ca/becommingMT.htm on November 2, 2005.
[51] College of Massage Therapists of British Columbia. (2004). *Occupational Competency Profile.* Retrieved from: http://www.cmtbc.bc.ca/artman/uploads/occupational_20comp.pdf on September 28, 2005.

able to perform specific skills and tasks in order to be registered Massage Therapists. By coming together on these competency standards, the regulatory bodies in the regulated provinces have improved the mobility of Massage Therapists between provinces. By improving mobility, more Canadians will have access to safe and effective massage therapy.

6. The Impact of Accreditation of Massage Therapy Education

The Agreement on Internal Trade (AIT) has also spurred efforts within the massage therapy profession to create a national process of accrediting massage therapy education programs. Accreditation by an objective third party system ensures that massage therapy programs, and the institutions that provide them, are accountable for providing quality education in accordance with preset standards for entrance to practice. The issue of program/ institution accreditation is a complex one that requires the cooperation and commitment of not only the programs/ schools but also the regulatory body and provincial governments. The accreditation of programs/ schools is able to function more effectively if program approval (conducted at the provincial government level) is also strictly monitored.

It is important to outline the responsibilities of each party involved in the process of accreditation and program approval in order to fully appreciate how these processes affect the massage therapy profession. Firstly, the regulatory body is responsible for establishing scope of practice and professional competencies that dictate the ethics and standards expected of members of the profession. Secondly, the educational institutions/ programs are responsible for the creation and delivery of curriculum that will develop the skills and values of their students to enable the graduates of massage therapy programs to be successful at entry-to-practice examinations and in professional practice. There then needs to be an external accreditation institution that is responsible for evaluating the curriculum of the educational institutions against the competencies and scope of practice of the regulatory body. Finally, the provincial government is responsible for approving new massage therapy programs based on their proposed curriculum.

Accreditation is a desirable process for massage therapy education programs as it ensures that potential students are able to identify programs that achieve and maintain a high level of quality and integrity. In addition to evaluating the program's curriculum content, other aspects of the program are considered such as curriculum delivery and faculty development and support. This process is cyclical and requires programs to continuously evaluate their progress.

The process of accreditation allows a minimum standard of education to be enforced based upon preset entry-to-practice standards (professional competencies). When a process of accreditation is in place, regulatory bodies can further support this initiative by allowing only those graduates from accredited massage therapy education programs. The College of Massage Therapists of Ontario is presently in the process of modifying current regulations so that candidates for the registration/ entry-to-practice examinations must have:

> obtained a diploma in massage therapy from an accredited massage therapy programme at an educational institution in Ontario which has

been approved by a body or bodies designated by the Council or by Council itself.[52]

It is important to note that, in British Columbia, the accreditation of massage therapy education programs has been delegated to the regulatory authority, the College of Massage Therapists of British Columbia. Having this important process in the hands of the College, which superintends the profession in accordance with a public protection mandate established under the *Health Professions Act*, provides additional assurance that entry level practitioners are properly trained and safe to practise. In jurisdictions where there is no such statutory authority it is important that a suitable external accreditation process be established.

The implementation of massage therapy program accreditation is a major part of ensuring quality education for Massage Therapists. The second part of this is program approval. It is worth noting that there is a gap in between provincial ministry approval and external accreditation in which a massage therapy education program with less than reputable intentions would be allowed to operate with few responsibilities to stakeholders. In order for the accreditation process to be successful and fully beneficial for all parties, the process of program approval must be equally rigorous and prevent disreputable programs from beginning.

Accreditation of massage therapy education programs serves to ensure public safety by raising the minimum standard of education to that which coincides with the expectations of the regulatory body for entry-to-practice. If all provinces/territories work together to set common standards, values, and professional competencies, the national quality of massage therapy education will increase and thereby increase the integrity of the overall profession. At the foundation of the evolution of massage therapy along the professionalization trajectory is stable educational preparation. It is through a high quality massage therapy education program that not only are professional skills developed but the values needed to ensure public safety are cultivated.

Conclusions and Recommendations

Canadians continue to demonstrate a strong interest in using complementary and alternative health care (CAHC) in conjunction with conventional Western medicine.[53] As a result, there is an increasing need to review the information regarding provincial/territorial policies and regulation of various CAHC professions and the potential impact of policy on public health and safety.

The reason for regulating massage therapy as a health care profession, from a legislator's perspective is to protect the public from harm. As it has been presented in this report, sufficient risk exists to warrant regulation of massage therapy across Canada. In preventing risk of harm to the public, regulation under a certification model does not restrict the public's right to choice. The public retains the option to choose to receive treatment from an unregulated practitioner however, when regulation is in place,

[52] College of Massage Therapists of Ontario. (2005 Dec). Draft amendment. In house.
[53] Health Canada. (2001). Introduction. In: *Perspectives in complementary and alternative health care*. Ottawa: Health Canada.

the public is more aware and is able to make an educated choice between regulated and unregulated practitioners.

Although the status of massage therapy on a professionalization trajectory is diverse, organizations who are seeking to facilitate the evolution of the profession are all working toward a common goal. This is seen when the scope of practice developed by each province/ territory (regulated and unregulated) is reviewed. All scopes of practice have common elements such as the manipulation of soft tissues for therapeutic benefit.

It is the recommendation of this report that:

1. Massage therapy be regulated in all provinces and territories of Canada to further a national massage therapy agenda for issues such as national examination and portability of Massage Therapists between provinces/territories.
2. Massage therapy maintain a broad scope of practice that encompasses a large range of options for assessing and treating a diverse population of patients.
3. Massage therapy be regulated under a certification/ right to title model where only practitioners who have successfully demonstrated professional competencies to the regulatory body are able to practice under the title of registered Massage Therapist (or similar).
4. Massage therapy be regulated under a single category model where all Massage Therapists who are registered with the regulatory body have the same set of values and skills enabling them to assess and treat a diverse patient population regardless of the environment in which they practice.
5. Massage therapy regulatory bodies require candidates for entry-to-practice examinations to be from accredited educational institutions, and more importantly accredited massage therapy programs, and require these institutions and programs be accredited by an external accreditation agency, unless this responsibility is delegated to a regulatory authority with an overriding public protection mandate.
6. Massage therapy education programs be of adequate length to ensure that the values of public service, patient-centered care, evidence-based practice, ethical decision making and therapeutic reasoning are developed as these values ensure that patient and public safety are at the forefront of a registered Massage Therapist's practice.

For unregulated provinces/territories seeking to regulate massage therapy, it is suggested that they consult with regulated provinces (and their regulatory bodies) in the hopes that current best practices can be shared. If all provinces/territories agree on a scope of practice and model of legislation, the issue of national standards and national examination can be addressed. Furthermore, Canadians would be able to expect that they will receive the same quality care from Massage Therapists regardless of region.

Appendix I: The Origins of the Regulation of Massage Therapy in Canada

From a legislator's perspective, regulating occupations/professions, through certification or licensing, is intended to address public risk of harm which may result from improper delivery of the practice in question. The Manitoba Law Reform Commission (1994) states that the only valid reason to regulate an occupation or profession is that it will result in a net benefit to the public.[1] Similarly, the Health Professions Legislation Review of Ontario (1989) states that the purpose of professional regulation is to advance public interest by "protecting the public, to the extent possible, from unqualified, incompetent and unfit health care providers" through "[the development of] mechanisms to encourage the provision of high quality care".[2]

Further to this point, the Report of the Royal Commission on Health Care and Costs in British Columbia (1991) advises the government to use its function of regulation of the health care professions such that it must honour its "responsibility to ensure that those services which are accessible are safe" and in which the public is protected from "incompetent, impaired, or unethical practitioners".[3]

In Ontario, massage therapy was first regulated in 1919 under *The Drugless Practitioners Act.*[4] In January 1994, massage therapy became part of the integrated *Regulated Health Professions Act, 1994* (RHPA). The RHPA is the current legislation (along with *The Massage Therapy Act, 1991*[5]*)* under which Massage Therapists in Ontario are regulated. The College of Massage Therapists of Ontario (CMTO) is the regulatory body that sets standards for the massage therapy profession and makes sure the members comply with the RHPA and related laws.

Deborah Worrad, the current Registrar of the College of Massage Therapists of Ontario, recounted that in regulating certain health care professions the government of Ontario was reacting to the demonstrated risk to the public of sexual impropriety and sexual abuse by health care professionals, along with other risk of harm issues. (Personal communication, October 19, 2005). At the time of finalizing the legislation, the Ontario government was keenly aware of public criticism as to how sexual abuse complaints by patients (against medical doctors) were being handled.[6] It is thought that the government responded to this potential threat to public safety by including massage therapy, and all professions, where such risk was identified.

In British Columbia, massage therapy has been regulated as a health care profession since 1946. *The Physiotherapists and Massage Practitioners Act* was the first piece of legislation in BC that served to regulate physiotherapists and Massage Therapists

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[1] Manitoba Law Reform Commission. (1994). Regulating professions and occupations. Winnipeg: Queen's Printer.
[2] Health Professions Legislation Review. (1989). *Striking a New Balance: A Blueprint for the Regulation of Ontario's Health Professions.* Toronto: Queens Printer, 2.
[3] Health Professions Council. (2005). Scope of Practice Review Part I – Volume 1. Retrieved from: http://www.hlth.gov.bc.ca/leg/hpc/review/part-i/scope-review.html#IVC5ei on September 11, 2005.
[4] Government of Ontario. (1990). *Drugless Practitioners Act.* Retrieved from: http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90d18_e.htm on November 14, 2005.
[5] Government of Ontario. (1991). *Massage therapy act, 1991.* Ottawa: Queen's Printer.
[6] Wendy Sutton. (n.d). Has Sexual Abuse of Patients Disappeared? Retrieved from: http://www.web.net/~twhn/sexual_abuse_jan05.do on November 1, 2005.

together. This was followed by several amended acts until finally, physiotherapists and Massage Therapists were designated under the *Health Professions Act (HPA)* in December 1994. Once the HPA was established, two separate colleges were created to institute standards and oversee member compliance to the applicable laws and legislation for each profession respectively: the College of Physical Therapists of British Columbia and the College of Massage Therapists of British Columbia.

In Newfoundland and Labrador, massage therapy was initially governed by *An Act to Regulate the Practice of Massage Therapy* which came into force in 2002. This Act was replaced by the *Massage Therapy Act, 2005*. Under this latter Act, the Newfoundland and Labrador Massage Therapists' Board was renamed the College of Massage Therapists of Newfoundland and Labrador. The College acts as the regulatory body in this province. Newfoundland and Labrador was the third province to regulate massage therapy in Canada.

Newfoundland and Labrador was the third province to recognize the need to protect the public from potential risk of harm through the practice of massage therapy. Pamela Hodgson, the former Registrar of the then Newfoundland and Labrador Massage Therapists' Board, stated that massage therapy became regulated at a time when Government was reviewing and standardizing disciplinary procedures for all regulated professions. Regulation for massage therapy was supported by all the regulated health care professions, by the opposition party as well as by Government, and by the Massage Therapists who were united in their commitment to carry out the duties and obligations of self-regulation. (Personal communication, October 18, 2005).

Appendix II: Risk of Harm Analysis

The ***risk of adverse effects*** is best established by reviewing the available literature and documented evidence of the incidence of adverse events resulting from the application of massage therapy. Although massage therapy research is still in its infancy, there are a growing number of investigations into the safety of massage.

In 2003, Dr. Edzard Ernst, a Professor of complementary medicine in the United Kingdom, conducted a systematic review of the scientific literature on reported adverse events from any type of massage. The review analyzed sixteen case reports and four case series identifying the following serious adverse events: cerebrovascular accidents, pseudoaneurism, pulmonary embolism, embolization of a kidney, haematoma, leg ulcers, nerve damage, posterior interosseous syndrome, hearing loss and various pain syndromes.[1]

Ernst concluded that a strong cause and effect relationship existed such that massage therapy was deemed to be "not entirely risk free".[2] The types of massage in the studies that reported adverse events were diverse and included vigorous manual massage, strong digital pressure massage, self-massage, deep tissue massage, traditional Chinese massage, Rolfing, Shiatsu, and Swedish massage. Ernst stated that there may be an issue of under-reporting of adverse events in massage therapy, as has been found with other CAHC interventions.

Results from the studies cited "suggest that massage by non-professionals and the use of forceful techniques are relatively often associated with adverse events".[3] A limitation noted in the study was that the therapist's background and type of massage delivered was not always sufficiently described in the studies included in the review.

The ***risk to vulnerable populations*** is an important consideration for legislators as the utilization of massage therapy by this group is high. Recent research reveals a growing interest in the safety and efficacy of massage therapy for children and patients with serious or chronic illnesses such as cancer, HIV, post-traumatic stress disorder, pregnancy, multiple sclerosis and diabetes.

The 1999 report from the Fraser Institute revealed that 16% of the Canadian households surveyed with children under the age of 18 used massage therapy for their children in the 12 months prior to the survey.[4] Of those children using massage therapy, 37% used it to treat an illness while 33% used massage therapy to maintain wellness.[5]

A recent American investigation revealed that 20% of visits to licensed Massage Therapists were for 'wellness' and a quarter to one-third of visits were for non-illness

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[1] Ernst, E. (2003). The safety of massage therapy. *Rheumatology, 42,* 1106.
[2] Ernst, E. (2003). The safety of massage therapy. *Rheumatology, 42,* 1101.
[3] Ernst, E. (2003). The safety of massage therapy. *Rheumatology, 42,* 1105.
[4] Ramsay, C., Walker, M., Alexander, J. (1999). *Alternative medicine in Canada: use and public attitudes*. Vancouver: The Fraser Institute.
[5] Ramsay, C., Walker, M., Alexander, J. (1999). *Alternative medicine in Canada: use and public attitudes*. Vancouver: The Fraser Institute.

care.[6] These findings suggest that up to 80% of visits to Massage Therapists were by persons with illness or injury and thus part of a vulnerable population.

A 2001 survey indicates that 59% of Canadians suffer from one or more chronic condition(s).[7] From 1998 to 1999, 25% of people with three or more chronic conditions consulted an alternative practitioner, compared with 11% of those reporting no chronic conditions.[8] Twenty-six percent of people who reported chronic pain consulted an alternative practitioner, compared with 15% of those with no chronic pain.[9] Use of alternative practices was highest among people suffering from back problems.[10] In the United States, 42% of CAHC users utilize these forms of health care to treat existing illness.[11]

The statistics on the demographics of the typical user of CAHC practices in Canada must be considered in the face of an aging population. Governments and health care providers are under pressure to ensure that systems are in place to adequately address the special needs and increasing vulnerability of a large aged population as will occur in Canada when the baby boom generation reaches the 65+ age group around 2010. Data from Health Canada indicates significant trends regarding the increased prevalence of chronic conditions including heart disease and other high risk disorders.[12] In the last 20 years, hypertension as a medical condition rose by 36%, diabetes by 75%, and cancer by 200%.[13] Clearly, as the proportion of Canadians in advancing age categories increases so will the proportion of massage therapy patients with higher risk health concerns. Governments must ensure that members of the public with increasing health risks, coupled with greater life expectancy, have access to safe and effective massage therapy.

Concerns for safety are seen in the aging population, as well as other populations such as those with cancer. A recently published investigation by Lisa Corbin, M.D., titled "Safety and Efficacy of Massage Therapy for Patients with Cancer" reveals concerns that

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[6] Sherman, K.J., Cherkin, D.C., Kahn, J., Erro, J., Hrbek, A., Deyo, R., Eisenberg, D.M. (2005). A survey of training and practice patterns of massage therapists in two US states. *BMC Complementary and Alternative Medicine, 5,* 13.

[7] Health Canada. (2005). Complementary and Alternative Health Care: The Other Mainstream? Retrieved from: http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rps/bull/2003-7-complement/intro_e.html on September 18, 2005.

[8] Health Canada. (2005). Complementary and Alternative Health Care: The Other Mainstream? Retrieved from http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rps/bull/2003-7-complement/intro_e.html on September 18, 2005.

[9] Health Canada. http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rps/bull/2003-7-complement/intro_e.html on September 18, 2005.

[10] Health Canada. (2005). Retrieved from http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rps/bull/2003-7-complement/intro_e.html on September 18, 2005.

[11] Eisenberg, D.M., Davis, R.B., Ettner, S.L., et al. (1998). Trends in alternative medicine use in the United States, 1990-97: results of a follow-up national survey. *Journal of the American Medical Association, 280*(18), 1569-1575.

[12] Health Canada. (2005). Aging: Financial Impacts on the Health Care System. Retrieved from http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rps/bull/2001-1-aging-veillissement/intro_e.html on September 18, 2005.

[13] Health Canada. (2005). Aging: Financial Impacts on the Health Care System. Retrieved from http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rps/bull/2001-1-aging-veillissement/intro_e.html on September 18, 2005.

massage may have risks associated with its use in the oncology population.[14] This study identifies disorders of coagulation (low platelet count, warfarin, heparin, or aspirin treatment), metastatic cancer in bones, open wounds and radiation dermatitis as situations with potential for massage-related adverse events.

Corbin identifies various other studies that demonstrate high usage of massage therapy by cancer patients in the US and concludes "over 20% of patients with cancer use massage therapy".[15] The author specifies that cancer patients undergoing active treatment are at higher risk for complications of massage therapy.[16] The author argues that the physician is responsible for decreasing the risk to patients by helping them locate a qualified therapist via interview regarding "education, experience, licensing, and certification".[17] In the absence of regulation, physicians may have difficulty in assessing and assuring the relative safety of referring a vulnerable patient for massage therapy treatment.

Furthermore, patients of most forms of CAHC practices have shown to be less likely to discuss their use of CAHC with their medical doctors.[18] The Fraser Institute study revealed that only 42% of those seeking massage therapy services had discussed this use with their medical doctor.[19] Due to the unreliability or hesitation of users of complementary and alternative health care to report use of CAHC to their medical doctor, the public needs to have direct and transparent knowledge of which CAHC professionals are regulated and which are not, in order to make informed choices in their health care.

The ***risk of financial harm*** is mitigated through regulation of health care providers, including Massage Therapists, by ensuring that health care providers accept responsibility for serving the patient's best interest. Regulation encourages the process of professional socialization that serves to inculcate values of public service and patient-centred care. This process prepares practitioners to follow current best standards of clinical decision making in the provision of care which includes creating treatment plans based on therapeutic reasoning rather than financial gain. An untrained or under-trained practitioner might make recommendations to a patient based upon financial gain which might lead to economic harm.

The ***risk of sexual abuse*** that exists in the massage therapy profession results from the potential for sexual exploitation of patients by therapists. The nature of the therapeutic relationship inherent in massage therapy is complex at best. It is essential, for public safety, to be able to clearly distinguish between regulated professionals who are trained in professional ethics and boundaries and are held accountable for their conduct, from

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[14] Corbin, L. (2005) Safety and Efficacy of Massage Therapy for Patients with Cancer. *Cancer Control, 12*, 3. 158.
[15] Corbin, L. (2005) Safety and Efficacy of Massage Therapy for Patients with Cancer. *Cancer Control, 12*, 3. 163.
[16] Corbin, L. (2005) Safety and Efficacy of Massage Therapy for Patients with Cancer. *Cancer Control, 12*, 3. 158.
[17] Corbin, L. (2005) Safety and Efficacy of Massage Therapy for Patients with Cancer. *Cancer Control, 12*, 3. 162.
[18] Ramsay, C., Walker, M., Alexander, J. (1999). *Alternative medicine in Canada: use and public attitudes*. Vancouver: The Fraser Institute.
[19] Ramsay, C., Walker, M., Alexander, J. (1999). *Alternative medicine in Canada: use and public attitudes*. Vancouver: The Fraser Institute.

untrained or under trained and unregulated practitioners. A review of the disciplinary hearings of members of the current regulatory bodies of massage therapy in Canada shows significant occurrence of complaints and findings of guilt of sexual abuse of members of the public by members of the College of Massage Therapists of Ontario and the College of Massage Therapists of British Columbia and illustrates the need for such a process to protect the public.

The College of Massage Therapists of Ontario (the College), as one of Ontario's self-regulating health profession colleges operating under the *Regulated Health Professions Act 1991* (RHPA), is required to have in place a formal process for handling complaints about a Massage Therapist's behaviour, conduct or practice. The College thoroughly and fairly investigates any complaint from the public or other health care providers. A zero tolerance policy with regard to sexual abuse has been clearly articulated by the College and candidate knowledge of professional boundaries and behaviours is examined in the College's entry to practice examinations. The College also provides information in print and other media to educate the public on their right to safe and professional treatment from regulated Massage Therapists.

A summary of the College's Discipline Decisions from 1998-2003 includes 10 findings of guilt of sexual abuse of members of the public by members of the College and penalties imposed included either suspension or revocation of the member's registration.[20] In 2001, the College investigated 9 cases of allegations of sexual abuse.[21] In 2003, the College investigated 6 complaints of sexual abuse, 4 of physical abuse, and 1 of verbal abuse.[22] In 2002, 5 allegations of sexual abuse, 3 allegations of physical abuse and 1 allegation of verbal abuse were brought to the College by members of the public.[23] The College 2004 Annual Report declares that 25 new complaints against members were investigated, 5 of which were allegations of sexual abuse, 3 of physical abuse and 1 of verbal abuse.[24]

A review of the last four years of Inquiry and Disciplinary Committee activity at the College of Massage Therapists of British Columbia reveals 19 investigations of sexual misconduct by members. One case before the Disciplinary Committee consisted of deliberations concerning a member who was convicted in the BC Provincial Court of sexually assaulting two separate patients during the course of providing massage therapy treatment. In revoking this member's registration the Panel describes the egregious nature of the misconduct as one of exploitation "of a relationship of trust". The Panel states that such a relationship "arises from the fact that massage therapy patients must of necessity put themselves in a vulnerable position, both physically and psychologically, when they are receiving massage therapy treatments".[25]

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[20] College of Massage Therapists of Ontario. (2005). Discipline decisions. Retrieved from: http://www.cmto.com/discip/Hearing2-97.htm on October 1, 2005.
[21] College of Massage Therapists of Ontario. (2005). Discipline decisions. Retrieved from: http://www.cmto.com/discip/Hearing2-97.htm on October 1, 2005.
[22] College of Massage Therapists of Ontario. (2005). Discipline decisions. Retrieved from: http://www.cmto.com/discip/Hearing2-97.htm on October 1, 2005.
[23] College of Massage Therapists of Ontario. (2005). Discipline decisions. Retrieved from: http://www.cmto.com/discip/Hearing2-97.htm on October 1, 2005.
[24] College of Massage Therapists of Ontario. (2004). CMTO 2004 Annual Report. Retrieved from: http://www.cmto.com/media/print.htm on October 1, 2005.
[25] College of Massage Therapists of British Columbia. (2004). 2004 Annual Report. In house, 11.

It is possible that the number of actual cases of sexual abuse is under-reported in regulated provinces. Alternatively, it is possible that through the professional socialization and development of clinical decision making skills inherent in the level of massage therapy education necessary to successfully complete registration/certification exams that the risk of sexual abuse is lowered. However, in provinces/territories where there is no formal legislation with enforceable standards of practice and codes of ethical conduct, it is likely that the number of unreported cases of sexual abuse of patients by under trained and unregulated practitioners is higher. The documented occurrence of incidents of sexual abuse demonstrates a serious and substantial risk of psychological and emotional harm that a regulatory body must serve to redress.

Appendix III: Scope of Practice of Regulated and Unregulated Provinces/ Territories

Alberta:

> With the intent of producing a therapeutic outcome and to maintain and enhance health, assess and treat the soft tissues and joints of the body to promote rehabilitation, and/or prevent or reduce physical dysfunction and pain of the soft tissues.[1]

British Columbia*:

> the assessment [and diagnosis] of soft tissue and joints of the body and the treatment and prevention of dysfunction, injury, and pain and physical disorders of the soft tissues and joints by manual and physical methods to develop, maintain, rehabilitate or augment physical function to relieve pain and promote health.[2]

New Brunswick:

> the assessment of the soft tissues and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, and rehabilitate or augment physical function, or to relieve pain.[3]

Newfoundland and Labrador:

> the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, rehabilitate or augment physical function or to relieve pain or to promote health.[4]

Nova Scotia:

> the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, rehabilitate or augment physical function or to relieve pain or to promote health.[5]

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[1] (2004). Application to the HPAB. Retrieved from: http://www.armts.com/documents/MT_-_April_2,_2004_Final_HPAB_Draft.pdf#search='Agreement%20on%20Internal%20Trade%20Massage%20Therapy on December 15, 2005.

[*] It should be noted that this scope of practice is a proposed one and differs slightly from the proposed scope of practice of the Health Professions Council that does not include the term diagnosis.

[2] College of Massage Therapists of British Columbia. (1998). Revising the scope of practice of B.C.'s Massage Therapists. Retrieved from: http://cmtbc.bc.ca/pdf/sp980728.pdf on September 30, 2005.

[3] New Brunswick Massotherapy Association. (2005). What is massage therapy? Retrieved from: http://www.nbma-amnb.ca/english/index.php on December 9, 2005.

[4] House of Assembly Newfoundland and Labrador. (2004). Massage Therapy Act. Retrieved from: http://www.hoa.gov.nl.ca/hoa/sr/ on September 30, 2005.

[5] Government of Nova Scotia. (2003). Bill No. 53. Retrieved from: https://www.gov.ns.ca/legislature/legc/sns03i.htm on December 11, 2005.

Ontario:

> the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissue and joints by manipulation to develop, maintain, rehabilitate or augment physical function, or relieve pain.[6]

Saskatchewan:

> the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints in order to develop and maintain, rehabilitate or augment physical function or relieve pain.[7]

[6] Government of Ontario. (1991) *Massage therapy act, 1991.* Ottawa, CAN: Queen's Printer for Ontario.

[7] Massage Therapist Association of Saskatchewan. (2005). Standards of Practice. Retrieved from: http://www.saskmassagetherapy.com/MTAS/Standards/standardsofpractice.asp on December 10, 2005.

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