MASSAGE & MYOTHERAPY AUSTRALIA

The Association of Professional Therapists

A submission to the:

Australian Government Productivity Commission

Consultation questions | May 2025

Pillar 4

Delivering quality care more efficiently

Contents

Overview

While we understand that the Productivity Commission is seeking feedback on high-level issues, the following discussion draws on empirical data and the lived experience of the professional massage therapists' sector and the clients and patients that access these services.

We believe that it is important to illustrate the limitations of the current system to show how these limitations affect people's everyday lives and livelihoods, and how remedy of the issues we present can deliver quality care more efficiently.

Section 1: Reform of quality and safety regulation to support a more cohesive care economy

What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

Our members provide services in numerous private and public health settings nationally in urban, regional and rural communities.

As listed below, the Massage & Myotherapy Australia 2023 Practitioners Survey of its 8,600 members (2023 Survey) indicated that registered health practitioners are drawing on these higher-level remedial massage therapy and myotherapy (professional massage therapy) services when needed and when appropriate:

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

As shown in the following Chart 1, the 2023 Survey also indicated that professional massage therapists are actively involved in numerous areas of health care for people experiencing disease and injury, dysfunction and pain, and emotional mental health issues:

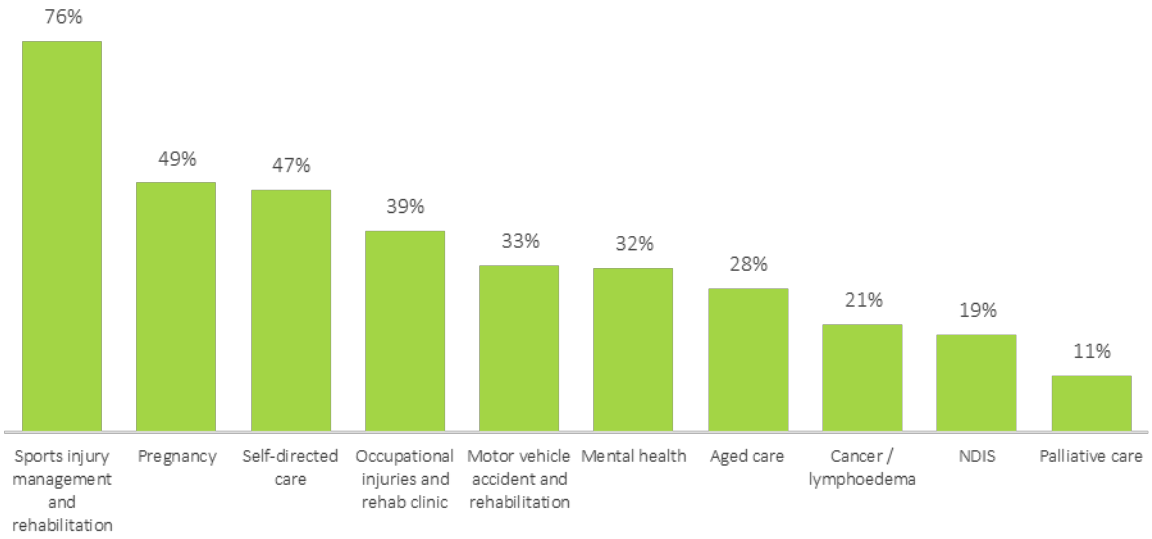

Chart 1: Circumstances Treatment Provided (Top 10), 2023

Professional massage therapists also provide health care services in a range of health settings including those that are privately funded and a first-choice health care and wellbeing option for many self-funded clients and patients. They are engaged privately by:

- practically every elite sports team in the world
- all major cancer centres in Australia
- aged and palliative care
- pre-and-post-partum care
- and people with conditions involving mental health and addiction rehabilitation.

Section 2. Reform of quality and safety regulation to support a more cohesive care economy

To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

- To a great extent

What are the reasons for your answer?

Federal and State government legislation and policies concerning qualified professional massage therapy, massage therapists and myotherapists are inconsistent and contradictory.

The lived experience for qualified professional remedial massage therapists and myotherapists who are members of an accredited association (professional massage therapists) is growing demand for their services, and the consequent increased frustration among clients and patients who are forced to seek out and self-fund their services.

Due to government policies not keeping pace with the significant developments in competency and standards of Australia's professional massage sector, quality and safety concerns have justified limiting of the Medicare Benefits Scheme (MBS) funding to Australian Health Practitioners Regulation Agency (AHRPA)-registered allied health practitioners, excluding professional massage therapists.

This has prevented the realisation of a more cohesive and efficient care model.

These funding limitations have distorted the appropriate use and applications of professional massage therapy healthcare services across many areas of healthcare including general health, disabilities such as those living with autism, lymphoedema and multiple sclerosis, cancer, veterans, and pre-and-post-partum care.

This misguided omission has two consequences. First, it erodes the reputation and standing of professional massage therapists in the community and second, it confuses both the community and health professionals in terms of the appropriateness of these services because it perpetuates the conflation of professional health care-related massage with low level massage style services, and sex work offered under the guise of massage therapy.

The growing body of evidence regarding the efficacy of professionally administered massage by professional massage therapists, and the urgent need to address the negative issues that continue to influence the professional development of the sector, are key factors in the need for legislative reform.

Policy inconsistencies and contradictions

The following highlights some of the inconsistencies and contradictions in policy and legislation that contribute to perpetuating this negative perspective and inhibiting effectiveness and efficiency overall where massage therapy is concerned.

Australia's health policies and regulations do not acknowledge or define the scope of practice for qualified professional remedial massage therapists, therapeutic massage therapists or myotherapists as Health Service Providers.

However, like AHPRA-registered health practitioners, professional massage therapists are recognised as health professionals in other areas of legislation, such as being subject to prosecution laws for misconduct as recognised health care providers. The following points highlight this inconsistency:

- Federal Human Rights Commissioner and the National Code of Conduct for Health Care Workers recognise and regulate professional qualified massage therapists.
- Legislation enables investigation, prosecution and information-sharing powers between state and federal level authorities such as the Health Complaints Commissioners and Ombudsmen.
- Recognition of massage therapists in the Federal Private Health Insurance Rebate Scheme is supported by a growing body of evidence.
- The Final Evidence Report, *Effectiveness of Massage and Myotherapy for Any Clinical Condition: Evaluation of the Evidence Prepared for the National Health and Medical Research Council* (NHMRC) 2012 found that massage should continue as a recognised health service, under the Federal Private Health Insurance Rebate scheme.

The lack of recognition or classification is discriminatory, outdated and illogical.

While professional qualified massage therapists are not classified as Allied Health Service providers, the lack of recognition ignores contemporary policy directions in many areas of healthcare that operate independently of the MBS funding rules.

Professional massage therapists provide health care services that are privately funded as a first-choice health care and wellbeing option for many self-funded patients.

Yet professional massage therapists are not acknowledged health service providers under any State or Federal Government healthcare funded health service guided by the MBS funding rules.

To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

- To a great extent

What are the reasons for your answer?

The following illustrates why MBS funding policies concerning professional massage therapists are unfounded, not supported by science and based on incorrect assumptions.

Concern 1. Safety

Relatively speaking, the professional massage sector is a well-regulated sector of health care and compares very positively with AHPRA registered practitioners.

As a self-regulated sector of health, the professional massage profession already meets the 'registration' requirements that address safety concerns.

Membership requirements of accredited associations mirror those of AHPRA Registration.

Professional massage therapists, remedial massage therapists and myotherapists must adhere to a Professional Code of Ethics and Standards of Practice that are similar to AHPRA-registered health practitioners' Codes and Guidelines.

Additionally, complaints and concerns can be raised about AHPRA-registered practitioners, as they can be about professional massage therapists through an independent National Ethics Committee. This is underpinned by legislation concerning the National Code of Conduct for Health Care Workers.

This Code of Conduct includes state-based Health Complaints Commissioners such as the Health and Disability Services Complaints Office (HaDSCO) and other state and federal Health Ombudsmen with cross-jurisdictional information-sharing powers.

Association members must also comply with the Association's Code of Ethics and Standards of Practice, Code of Conduct, Insurance, Police Checks, and Professional Development requirements to maintain their membership.

Table 1 below lists the criminal complaints received by AHPRA during 2023/24 and the complaints received by Massage & Myotherapy Australia (2023/24), which has around 8,500 members. Significantly, criminal offence complaints about professional massage therapists are very low when compared to the AHPRA-registered health professions.

Profession	**Total 2023/24**
Aboriginal and Torres Strait Islander Health Practitioner	**2**
Chinese medicine practitioner	**8**
Chiropractor	**14**
Dental practitioner	**26**
Medical practitioner	**176**
Medical radiation practitioner	**4**
Midwife	**6**
Nurse	**105**
Occupational therapist	**11**
Optometrist	**7**
Osteopath	**3**
Paramedic	**14**
Pharmacist	**14**
Physiotherapist	**30**
Podiatrist	**2**
Psychologist	**125**
Total 2023/24	**547**
Massage & Myotherapy Australia formal complaints misconduct, unprofessional conduct and Notifiable Conduct from 8,500 members (2024)	**4**

Table 1. Criminal offence complaints received by profession – Source AHPRA Annual Report 2023/24

Concern 2: Quality

It is incorrectly assumed that the efficacy of remedial massage therapy and myotherapy is greater when delivered by AHPRA registered allied health practitioners.

AHPRA and AHPRA members are not involved in the accreditation, education, training, competencies, ethics, complaint or standards of professional massage therapists.

These are administered by accredited massage associations in cooperation with Health Complaint Commissioners and Health Ombudsmen, and Australian Private Health Insurance Funds.

Additionally, the qualifications of AHPRA-registered practitioners contain no training in remedial massage therapy or myotherapy; any training must be undertaken as an additional unit with limited scope. In contrast, the professional massage therapist and myotherapist qualifications involve a primary focus on massage with up to 1,000 hours of supervised practice.

The current MBS funding arrangements concerning massage therapy lacks an evidence base or data collection because AHPRA-registered practitioners usually have less training or competency in

massage therapy than qualified professional remedial massage therapists and myotherapists. In fact, the evidence does not support the MBS funding rules of quality care for these Defined Services.

Despite this, the MBS funds AHPRA-registered allied health practitioners to administer remedial massage therapy and myotherapy treatments. This contravenes best practice and perpetuates a lack of:

- accurate data or evidence to support legislative reform or policy
- appropriate scrutiny in terms of who, when and how massage is applied
- documentation about the results that these therapies achieve in helping to improve a client's condition
- accurate and specific data collection and reporting pertaining to the practitioner who delivers remedial massage therapy and myotherapy treatments
- accurate and specific reporting and data collection concerning the massage modalities used to treat given conditions
- any clear understanding of the contribution massage makes to recovery and management of conditions treated.

MBS funding policy ignores the fact that each allied health service has a unique role in the prevention, treatment, management, recovery and rehabilitation of conditions associated with injury, chronic conditions and permanent disability.

For example, the focus of chiropractic is movement through spinal/skeletal manipulation; physiotherapy is muscle mobility through strength building exercise, and nursing is patient care and illness prevention. In contrast, remedial massage therapy and myotherapy focuses on the relief of pain, mobility and emotional issues through soft tissue manipulation and pressure.

The Massage & Myotherapy Australia 2023 Practitioners' Survey indicated that the average time required to deliver effective remedial massage therapy is around 54 minutes.

Should some form of massage be included in an MBS-funded allied health service delivered by an allied health practitioner and not a qualified massage practitioner, it must be included as a minor adjunct, for a short and far less effective period of time. Greater transparency and a systematic approach to monitoring and reporting of massage therapy services provided is required.

A breakdown of specific modalities involving Allied and Complementary practices will lead to less aggregated and generalised reporting of these services, and in turn help to achieve a deeper understanding of the specific outcomes and related costs, and the contribution, timing and value of the individual massage modalities used.

The effects of this on efficiency and productivity in preventative health are discussed further in Section 4.

Additionally, in these circumstances it is unlikely that data collection or reporting about the massage modalities used and their measured or observed outcome occurs. In this regard, the efficacy of massage therapies delivered by allied health practitioners is unknown. Consequently, the veracity of the decision to limit the funding and delivery of massage therapy to allied health practitioners is not evidenced-based.

Significantly, people with disabilities who are in pain, confined, or deteriorating into a depressive or chronic physical state are far less inclined or able to subject themselves to spinal manipulation or undertake movement, exercise or strength building therapies.

This is the gap where remedial massage therapy and myotherapy make a significant contribution because they enable progression to movement and other therapies such as physiotherapy exercise, or skeletal manipulation provided by chiropractors.

The effective management of pain and reduced mobility is vital in preventative actions against transitioning into a costly chronic pain or depressive state, which has long-term adverse outcomes for the client and patients, and health budgets.

By filling the gap in therapies, the integration of professional massage therapists can provide significant improvements to MBS-funded outcomes in preventative measures that focus on pain, function, relaxation, sleep, emotion, posture, the healing process and finally improvements in the quality of life.

Section 3. Embed collaborative commissioning to increase the integration of care services

What is your experience with collaborative commissioning?

While our members are not directly involved in collaborative commissioning, services provided by professional qualified massage therapists are already integrated and often accessed by medical and allied health practitioners.

As listed in Section 1, surveys of our members, conducted during 2023, indicate that referrals from AHPRA-Registered Health Practitioners are a primary source of work for qualified professional massage therapists and includes:

- Allied Health Practitioners 30%
- Private Health Insurance 15% and
- General Practitioners 12%.

Additionally, the RACGP (Royal Australian College of General Practitioners) recommend the use of massage, suggesting it can improve pain, depression and sleep, while the UK's National Institute for Health and Care (NICE) guidelines recommend considering it in the management of osteoarthritis and low back pain.

In this regard the following example provides evidence illustrating the benefits of including professional massage therapists alongside allied health professionals in the MBS funding schemes.

What are the benefits of pursuing greater collaborative commissioning?

Collaborative commissioning that includes professional qualified massage therapists will enable more clients and patients to access a wider range of efficacious professional massage therapy services as part of integrated prevention strategies.

Pain relief and the positive psychological/physiological effects of touch and human interaction with low risk make massage therapy delivered by professional qualified massage therapists an attractive, affordable and accessible response that General Practitioners regularly refer to[1].

Additionally, a US econometric analysis[2] examined how the inclusion of massage therapy services, as part of an integrative care approach, and found it can help lower costs for certain conditions and types of treatments. The study found that of the 19 outpatient treatments studied, massage was associated with lower overall treatment costs in 16 of these treatments.

Research also indicates that massage therapy can provide a cost-effective bridge to recovery plans involving physical exercise. A 2016[3] meta-analysis of Randomised Controlled Trials concluded that, based on the evidence, massage therapy, compared to no treatment, should be strongly recommended as a pain management option.

Surveys of Australian General Practitioners' attitudes toward massage therapy have shown that 84% considered it a moderately to highly effective treatment and 91% regarded it as safe.[4] More than three-quarters of GPs (76.6%) referred to massage therapy at least a few times per year, with 12.5% recommending it weekly.[5]

Also important are the results of the 2023 Survey that indicate that professional massage therapists understand the limitations of their training, skills and competencies with 83% actively referring patients to General Practitioners and allied health practitioners.

Also, around one-quarter (24%) of respondents to the 2023 Survey stated that they would undertake training in rehabilitation and injury management to qualify for third-party insurance rebates. Willingness rates were similar for training in advanced physiology and the anatomy for specific chronic conditions to qualify for third party rebates.

Another study[6] found that patients who had a general practitioner with additional complementary and alternative medicine training had lower health care costs and mortality rates than those who did not. Reduced costs come from fewer hospital stays and fewer prescription drugs.

The Canadian Institute of Work and Health concluded that massage therapy was most effective for lower back pain when combined with education and exercise, and when administered by a licensed therapist.[7]

More formal integration involving the MBS and professional qualified massage therapists with Advanced Diploma or Degree qualifications will improve the knowledge of clinicians, GPs and other health professionals, about effective pain, mobility and stress management services available through qualified professional massage therapists.

What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

The greatest barrier to including professional massage therapists in collaborative prevention strategies are the MBS funding rules which limit funding to allied health practitioners.

Removing this barrier is well supported by working models.

Numerous Federal and State Government insurance schemes recognise the gap that professional massage therapists fill in services and treatments and have responded to the changing needs and demands of patients and the wider health sector. These insurance schemes provide working models and include: WorkSafe Vic, WorkSafe SA, WorkSafe Tas, the National Aged Care Package, the Private Health Insurance Rebates scheme.

Section 4. A national framework to support government investment in prevention

What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

The over reliance on AHPRA-registered health practitioners to deliver preventative measures is a barrier to more productive and effective health prevention strategies involving remedial massage therapy and myotherapy.

In the following discussion, we show that including qualified remedial massage therapists and myotherapists as Defined MBS benefits would save around 27% of MBS funds used for this purpose.

This would also achieve the best outcome for patients and reduce the funding gap burden on family and low-income budgets.

The lived experience for clients and patients is frustration and an inequitable access and unnecessary cost burden, especially on those who can least afford it, such as the aged, people with disabilities, and low-income families.

Research[8] also shows that patients who have had a general practitioner with additional complementary and alternative medicine training had fewer patient hospital stays and prescription drugs, as well as lower mortality rates than those who did not.

In this regard we have also previously shown that MBS is funding massage therapies that are poorly administered and usually well below best practice, and with correspondingly low productivity and

efficacy when provided by Allied Health Practitioners who have little or no training in massage therapy.

As such, it stands that ***including professional qualified remedial massage therapists and myotherapists in the MBS Defined benefits would deliver better outcomes for patients at lower cost.***

What are some examples of successful prevention programs (this could include discontinued programs)?

As discussed in detail previously in this submission, the MBS funds remedial massage therapies as Defined Benefits only when they are delivered by an AHPRA-registered Health Practitioner such as physiotherapists, chiropractors, nurses or osteopaths. This usually occurs as an adjunct therapy—not as a standalone therapy.

As mentioned, this is an inappropriate or an incorrect allocation of MBS funds because the degree qualifications of AHPRA-registered health practitioners does not include remedial massage therapy or myotherapy which must be undertaken as additional units of study, but with limited scope.

Importantly, the MBS could more appropriately fund AHPRA-registered health practitioners in the areas relevant to their education, training, skills and competencies. This would ensure both quality and efficiency.

Unnecessary higher costs

Professional qualified massage therapists administer massage for the required time to achieve the optimal outcome for patients compared to physiotherapy or medication as shown in Table 2 below.

At an average cost of $92.00[9] for close to one hour of massage therapy treatment, the cost of massage therapy administered by professional massage therapists is generally lower than massage delivered for the same duration by AHPRA-registered practitioners.

This is evidenced in the Medicare Benefits Schedule – Item 10960 for physiotherapy where a fee of $64.20 with a benefit of 85% or equal to $58.30 is provided but only requiring a minimum of 20 minutes for the combined physiotherapy and adjunct massage treatment.

In this regard, massage therapies may be delivered for as little as 5 minutes, as a pleasant after thought to diagnosis and exercise therapy advice, and arguably for little benefit given the short duration of treatment, which is well below the industry standard or best practice.

Table 2 below illustrates the average number of treatment lengths for given conditions, illustrating the cost benefit of incorporating massage therapists in the funding model. It shows that the average cost of a 20-minute massage therapy session (Item 10960) properly administered by a professional qualified massage therapist delivers a saving of around $27.55 (47.0%) per average massage treatment session to the MBS.

Condition	Average Treatment Session No.	Average Treatment Length	Total Average Cost of Treatment
Disease and Injury	5.05	54.02	$460.8
Muscular strain and repetitive strain	4.7	54.9	$431.0
Tendonitis/tendinopathy	4.5	52.5	$408.0
Muscular tears	4.4	52.9	$395.0
Palliative conditions such as cancer	6.6	55.8	$609.0

Dysfunction and Pain: Neck Shoulder Hip Thoracic Lumbar Sacroiliac Postural dysfunction and pain	4.8	55.8	$448.7
Reduced range of motion	5.4	55.0	$495.0
Reduced strength	4.5	55.8	$423.0
Reduced fitness	4.5	56.7	$428.0
Emotional Issues: Headaches, Tension Stress, Relaxation, Neural tensions	4.0	57.0	$368.0
Average cost of a 20-minute MBS-funded massage therapy session administered by a professional qualified therapist.	$30.74 average treatment cost or a 40% saving per MBS-funded session.		

Table 2: Average number of treatment sessions and cost per condition (Source: Massage & Myotherapy Rate Card 2023)

About Massage & Myotherapy Australia

Massage & Myotherapy Australia is a not-for-profit organisation formed in 2003. As the leading representative body for therapeutic massage therapists, remedial massage therapists and myotherapists nationwide, we currently service over 8,600 professional qualified member therapists. Massage & Myotherapy Australia is the sector leader and driving force towards evidenced-based massage and myotherapy services and integration of massage therapies where appropriate.

Defining massage therapy

The Association describes therapeutic massage therapy and remedial massage therapy and myotherapy as manual manipulation therapies involving the deep or shallow soft tissues of the body including muscles, tendons and ligaments. They are used to alleviate pain and stress and improve mobility.

All adjunct services such as hot stone therapy, dry needling or aromatherapy are used to augment the massage therapy experience, but they are *not massage* or what defines a qualified therapeutic massage therapist, remedial massage therapist or myotherapist.

The conditions treated by qualified therapists include disease and injury, dysfunction and pain, and emotional issues as listed in Table 1 below:

Disease and injury	Dysfunction and pain	Emotion
palliative conditions, i.e., cancer	*postural & thoracic*	*neural tension*
muscular tears & strains	*sacroiliac, lumbar & hip*	*tension & stress*
tendonitis & tendinopathy	*neck & shoulder*	*relaxation*
surgery recovery	*reduced range of motion*	*headaches*
	reduced fitness & strength	*restlessness*

Table 1: Conditions for which massage therapy is applied

Definitions

'Massage therapy' refers to: Remedial Massage Therapy, Therapeutic Massage Therapy and Myotherapy.

'Professional massage therapists' refers to massage therapists who are members of a professional association and who hold qualifications recognised under the Australian Qualifications Framework.

'The Association' refers to Massage & Myotherapy Australia.

References

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