MASSAGE & MYOTHERAPY AUSTRALIA

The Association of Professional Therapists

A submission to the

Australian Government Productivity Commission

Response to the Interim Report

Delivering quality care more efficiently

September 2025

Overview

Massage & Myotherapy Australia supports the concept of more efficient care and a reduction of red-tape, but not at the expense of quality and equitable access to necessary health care that recipients need to maintain their independence, mobility and physical and emotional health.

Consequently, this submission illustrates the reasons why it is important to maintain quality and equitable access to care when seeking to rationalise administrative functions and reduce duplication in Government-funded aged and veteran care and the NDIS.

This submission is primarily concerned with reforms outlined under Recommendation 1: '*Reform of quality and safety regulations to support a more cohesive care economy'.*

Recognised multidisciplinary care already involves professional remedial massage therapy and myotherapy

Massage & Myotherapy Australia (the Association) is a not-for-profit organisation formed in 2003. As the leading representative body for over 8,500 professional qualified member therapists, the Association is the sector's driving force towards evidenced-based massage and myotherapy services and the appropriate integration of professional massage therapists into multidisciplinary care.

We refer to qualified remedial massage therapists and myotherapists (professional massage therapists) defined in the Australian Bureau of Statistics' 2024 *Occupational Standard Classification for Australia* (OSCA) as members of accredited Associations who provide services in numerous private and public healthcare settings across urban, regional and rural communities.

As listed below, the Massage & Myotherapy Australia 2023 Practitioners Survey[1] of its 8,500 members (2023 Survey) indicated that registered health practitioners actively include professional massage therapists in multidisciplinary care 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%

Efficiency reforms should not come at the expense of care and equitable access

While we support Recommendation 1, cost cutting and efficiency gains should first consider maintaining equitable access to quality care for clients and recipients who depend on these services.

For the professional massage sector, rationalisation of administrative departments and duplication of services is a priority. Federal and State government legislation and policies concerning qualified professional massage therapists need reforming to ensure they are consistent and compatible. This would achieve both efficiency and higher productivity.

We suggest that reforms to rationalise and remove duplication to veterans, aged and disability care should also take the opportunity to universally acknowledge and define the scope of practice for qualified professional remedial massage therapists, therapeutic massage therapists or myotherapists as health service providers, across these three sectors of care.

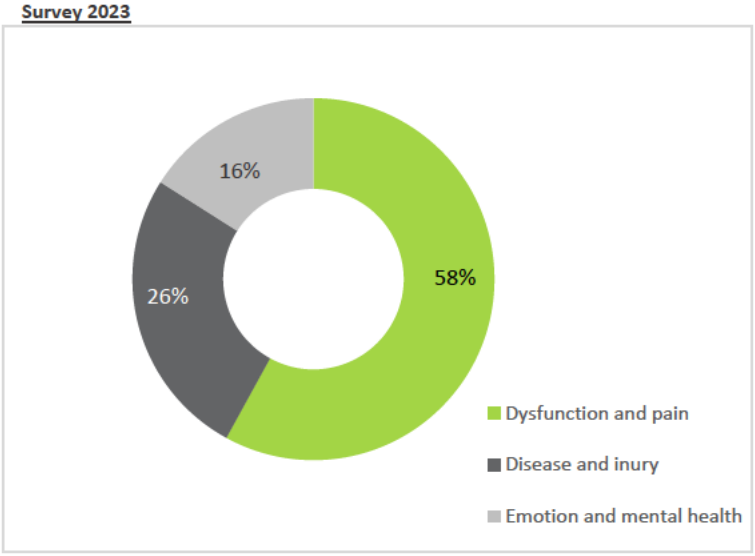
Unfortunately, this is not currently the case causing a negative impact on the care afforded veterans and NDIS recipients.

Consequently, we are concerned that pursuing greater alignment in quality and safety regulations of the care economy, initially focusing on the aged care, National Disability Insurance Scheme (NDIS) and veterans' care sectors, will come at the expense of care and support access and funding for professional massage therapists involved in delivering aged care services.

This has been the case with the new NDIS Supports rules and funding model. These were aligned to the Medicare Benefits Scheme rules that centres funding on services provided by registered health practitioners. The outcome of the NDIS reforms is to selectively fund only some Registered health practitioner services and not unregistered therapies (also referred to as self-regulated health care providers).

As illustrated in Chart 1 below from the Association's 2023 Survey, the main groupings of services provided by professional massage therapists indicate that massage services are often accessed to address the needs of veterans, people with disabilities and the aged.

Chart 1: Percentage of client treatments, Massage & Myotherapy Practitioners Survey 2023



In this regard, we caution against adopting the new NDIS model or the same MBS model across aged, veterans and disability care as a means to reduce costs and duplication because the quality of care and support and access now available has been severely reduced in the NDIS sector.

This is clearly evidenced in the results of a Pulse Survey involving around 10,000 professional massage therapists who are members of the three leading massage/complementary health associations. The Pulse Survey revealed that for many NDIS recipients, the NDIS efficiencies and cost savings have been gained at the expense of recipient care.

The results of the Pulse Survey are detailed in the following paragraphs.

These results provide a very high level of confidence that people with disabilities, who are highly dependent on massage therapies delivered by qualified professional remedial massage therapists, are worse off under the new Support rules.

Respondents to the Pulse Survey indicated that members are losing some low-income disability clients, but significantly also show a high level of dependence on the professional massage service with many who can afford it opting to pay for the services themselves rather than lose them.

Of the members who responded, 67% indicated that the changes to the Support NDIS funding have affected their current patients/clients/recipients.

Before the changes, qualified remedial massage therapists and myotherapists provided reliable services to thousands of NDIS clients who depended on them to maintain health and wellbeing, improve mobility, reduce disability-related pain and stress, and improve their quality of life.

Of those who responded, the survey revealed that:

- 73.4% treated NDIS clients
- 53.3% treated 1 to 3 NDIS clients, 19.1% treated 1 to 6 clients and 27.3% treated more than 6 clients.

Respondents also indicated that NDIS clients presented to professional massage therapists with the following impairments:

- Intellectual 23.97%
- Cognitive 28.29%
- Neurological 64.15%
- Sensory 29.16%
- Physical 88.12%
- Psychosocial 35.42%

The survey indicated that NDIS clients who can afford it or have the means are voting with their feet and their wallets to ensure they continue to receive the effective massage therapy service. Those who cannot afford to fund the service now have a reduced level of care.

Respondents to the survey indicated that:

1. Clients are self-funding or paying privately for treatments 41.5%
2. Reduced frequency of treatments or shorter sessions due to cost 6.8%
3. Some clients are using private health insurance to afford treatment 4.8%
4. Practitioners are offering discounts or alternative funding options 11.6%
5. Collaboration with allied health professionals and referring on 23.1%
6. Other – undefined 12.2%

Point 3 indicates that for NDIS disability clients there are few other insurance alternatives to fund massage therapy and points 1 and 2 show that these clients will be penalised or disadvantaged due to the change to the Support rules.

Additionally, the 2023 Survey indicated that the typical remedial massage therapy and myotherapy (massage therapy) older client/patient/recipient was either self-funded or received aged care support; they were female and aged between 40 and 64 years, with 19% of people aged over 65 years. Given the ageing population and the benefits of massage therapy in relieving pain and stress and improving mobility, it is not surprising that nearly 30% of all professional massage therapy services involve aged care.

This is supported by the results of a significant Australian longitudinal study[2] involving 1,800 women aged 56 to 61 years. This study illustrates the very negative effects of any changes that involve adopting the MBS model is of primary significance to the choice, access and quality of appropriately administered massage therapy services for veterans and the aged.

The longitudinal study examined the association between the women's consultations with a massage therapist and their health-related quality of life which found that over 50% of women aged 56 to 61 visited a massage therapist in the previous 12 months. Researchers also found:

- women who had consulted with a massage therapist five or more times had a significantly lower score on the bodily pain domain, compared to women who did not consult a massage therapist
- women with lower quality of life scores in terms of bodily pain and/or emotional health are more likely to consult a massage therapist than those with higher scores
- emotional disposition was significantly lower for those who consulted a massage therapist one or two times compared to those who did not consult a massage therapist at all.

In this regard, massage therapy properly administered by professional qualified massage therapists can have a direct positive impact for the aged, veterans and people living with disabilities.

However, the higher costs of relying on registered health practitioners to administer massage for a shorter than optimum time, as required under the MBS, will be less efficient or effective when compared to the cost benefit of specialised skills and competencies of professional massage therapists.

As shown in Table 1 below, the average length of effective massage therapy treatments varies between 35 and 55 minutes depending on the treatment and condition. Anything less than this is inadequate to achieve an effective and positive outcome.

This is in contrast to the MBS funding model which creates disincentives to administer massage therapy for the time required to achieve efficacy for patients or clients. At an average cost of $92.19 per hour, massage therapy[3] generally costs less than other pain and recovery therapies involving soft tissue and skeletal manipulation, and exercise-based therapies.

Condition	Average Treatment Session No.	Average Treatment Length	Total Average Cost of Treatment
Disease and Injury	5.05	54.02	$460.8
Dysfunction and Pain	4.8	55.8	$448.7
Emotional Issues	4	57	$368.0
Average number of sessions, time and cost	**4.6**	**55.8**	**$92.19**

Table 1 Average number of treatment sessions and cost per condition and massage session (Source: Massage & Myotherapy Rate Card 2023)

Funding models that attempt to combine physiotherapy and massage therapy in one short consultation, for example, ignore this and are fraught with difficulties and barriers to achieving effective massage treatment. This is because the limits to MBS and NDIS funding require massage therapy to be included as a minor adjunct to other therapies. This results in shorter less specialised or effective massage treatments, with little or no data collection regarding the use of massage and its outcomes.

The MBS and NDIS models also place an unnecessary burden on time-constrained registered health practitioners whose skills and competencies could be used more effectively in other areas of the health care afforded veterans, the aged and people with living with disabilities.

Working efficient and effective models already exist

Importantly, for the members of Massage & Myotherapy Australia, an accredited professional association, the reforms in the revision of the *Aged Care Act* for non-AHPRA registered practitioners such as speech pathologists, naturopaths, homeopaths and professional massage therapists, is a more appropriate model. As with the Private Health Insurance Rebate scheme for unregistered/self-regulated healthcare providers, this model enables industry/professional associations to accredit practitioners for the government funded aged care program.

This model is also implemented by state-based insurance schemes including SIRA NSW, WorkSafe Vic, WorkSafe SA and WorkSafe Tas.

Importantly, the professional massage sector created and maintains the education and training standards in remedial massage therapy and myotherapy. Accredited massage associations regulate,

maintain and enforce codes of conduct, ethical and professional standards, and competencies in evidenced-based massage techniques or modalities.

In this regard, the remedial massage therapy and myotherapy sector and treatments provided by professional massage therapists are professionally administered, are safe, and do not displace allied health treatments such as physiotherapy.

This is because, each allied health service has a unique role in the treatment, management, recovery and rehabilitation of injured workers. For example, the focus of chiropractic is spinal/skeletal manipulation; physiotherapy is muscle mobility and strength through exercise, and nursing is patient care and illness prevention. In contrast, remedial massage therapy and myotherapy focuses on soft tissue manipulation and pressure.

Additionally, people who are in pain, shock or deteriorating into a depressive state are far less inclined to subject themselves to spinal manipulation or undertake movement, exercise or strength-building therapies.

Remedial massage therapy and myotherapy treatments delivered by professional massage therapists are used to prevent deterioration into chronic states after injury, disability and loss of mobility or movement because they free up soft tissue and reduce pain and associated stress. This in turn leads to a more positive physical and emotional state, and ultimately to a more positive disposition that is favourable to active allied health rehabilitation therapies.

Massage & Myotherapy Australia's preferred model is one that is based on the Aged Care – Homecare model for non-registered or self-regulated health care service providers, as this supports a multidisciplinary person-centred model of care enabling equitable access to a range of therapies and healthcare services for the benefit of health care recipients.

[redacted]

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References

[1] Massage & Myotherapy Australia 2023 Practitioners Survey.

[2] Frawley J. Peng, W., Sibbritt, D., Ward, L., Lauche, R., Zhang, Y., Adams, J., Ward, L. and Lauche, R., 2016. 'Is there an association between women's consultations with a massage therapist and health-related quality of life? Analyses of 1800 women aged 56–61 years', National Library of Medicine.

[3] Massage & Myotherapy Australia Therapy Rate Card, 2023 Practitioners Survey.