

White Paper

Vision of Specialization for Registered Massage Therapists

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For the Massage Therapists Association of British Columbia

Forward

In defining any concept, it is important to recognize that understandings are rooted in culture and context (time and space) and create certain meanings of knowledge. The history of the person and the accepted tradition of communication are considered in relation to the culture and context of the person as he/she comes to an understanding. This means that understandings are interpreted through continuous dialogue. Therefore, it becomes very important that someone who is a part of the group, who is requiring a definition, create the definition.

Harriet Hall is a registered massage therapist (RMT) and is the chair of the Council of Professional Practice Groups of the Registered Massage Therapist's Association of British Columbia. She is an active practitioner who interacts with other colleagues around the province and is steeped in the culture of the profession. As much as experts in healthcare and education may have a lot to contribute in assisting with this definition, it is fitting that someone within the profession; define the term, its understandings and processes.

Harriet Hall has done a remarkable job in reviewing the literature, listening to her colleagues and reviewing past minutes of the association to in order to make recommend on specialization for discussion. Hall is clear that this is only the beginning because with dialogue others will be able to understand what is proposed, add their perspectives in order to have a definition of specialization that is created by the practitioners themselves. This is an important topic and it is equally important that the process be democratic where everyone feels that they have been heard.

This white paper is a first step in defining specialization and its implications for the massage therapy profession. I encourage you to widely circulate the document and express your views. For the definition of specialization to be accepted and acted upon, it must first gain acceptance.

Change requires both time and patience; these will both be required as the process moves forward.

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The Massage Therapists Association of British Columbia (MTABC) has investigated the area of specialization since 2006. Harriet Hall PDP, Registered Massage Therapist (RMT) and chair of the MTABC Council of Professional Practice Groups has prepared this report for the College of Massage Therapists of British Columbia's panel on specialization. The purpose of this report is to identify a plan for pursuing specialization for RMTs. To this end, the current perception of the profession is explained; understandings of specialization by other professions reviewed and finally recommendations for developing specialty certification are described

Perception of the Profession Today

Other health care practitioners (HCP) sees massage therapy as a junior participant in the healthcare system. This is due to several reasons: 1. Basic RMT education, including clinical hours, (550 compared to at least 1000 for other HPCs) for entry to practice is substandard, 2. Entry to practice is a certificate, while other professions require bachelor's degrees for entry to practice. I.e. physiotherapy requires a Master's degree, and chiropractic medicine requires a Doctorate, 3. Not all provinces are regulated; the only regulated provinces are British Columbia, Ontario and Newfoundland, 4. The scope of practice document identifies "rubbing and kneading" with no mention of soft tissue diagnosis and 5. There is a "professional identity crisis" since massage is performed alongside medical treatments in some settings, and as a personal service in others.

As well, research in the massage therapy field is still in infancy partly due to a lack of research infrastructure and a research tradition. The result is that most registered massage therapists are not accustomed to reading, analyzing, conducting, writing case studies or applying research in their own practice. (6)

In order to talk about a concept such as specialization, there needs to be a common understanding of the terminology. Dictionary.com states to specialize is to focus on a particular aspect of study. In the case of RMTs, it would then mean to focus on one specific aspect of the whole. A definition of specialization for RMTs is proposed later; first the need for specialization is discussed.

The Need for Specialization

Specialization is needed for the advancement of clinical skills, research, and to organize and supervise training and teaching. (11) Specialists are seen to advance the boundaries of knowledge and practice, through practice based and scholarly inquiry, and to provide leadership in the field through consultation, teaching and management of care. With specialists, there would be more scholarly inquiry and this would help RMTs build and expand the profession's practice.

As well, RMT specializations may improve patient care and decrease health care costs. The future of healthcare, with its increasing costs, is likely to be more collaborative and

RMTs have a potential role to fill in an integrative system that attaches importance to wellness and prevention, as well as remedial care. In many instances, the needs of the patient exceed the capabilities and competencies of individual caregivers, particularly in situations that require the collaboration of various health care providers in a primary care team. Specialties for RMTs would target those patients who are likely to benefit most, on a cost-effective basis, from massage therapy. (8)

Specialized knowledge together with intensive academic preparation are the hallmarks of a profession. Specialization in massage therapy practice would be a sign of maturity, and brand massage therapy as a profession rather than an industry. Massage therapy needs to continue to evolve an overall clinical career structure to meet the needs of the profession within a dynamic healthcare environment. It will also grow as the profession realizes that specialization is a continuum that involves most RMTs at some level, not a separate process for those who want to reach the highest levels of recognition. (11)

Discussion and debate regarding specialization pathways are integral stages in developing options for the individual massage therapist, as well as for the profession as a whole.

Purpose and Benefits of Specialization

The main purpose of specialization is to develop a career structure that is easily understood inside and outside the profession; one that encompasses long-term professional growth and expertise. Specialist certification programs are established to provide formal recognition for practitioners with advanced clinical knowledge, experience, and skills in a special area of practice, and to assist consumers and the health care community, as well as legislative bodies, to identify these people.

Another goal of specialization is improved patient care. RMTs are optimally positioned to provide primary contact neuromusculoskeletal healthcare services within the context of a collaborative practice model. As primary care practitioners (not requiring referrals from physicians) RMTs need to determine whether it is appropriate for the patient to receive massage therapy or be referred to other health care practitioners. This requires further development of assessment and diagnostic skills, reliable risk screening tools to aid decision-making and the routine use of appropriate outcome measures. Increased autonomy of judgment and independent clinical decision making brings with it a higher level of responsibility and accountability. Specialization can ensure the highest possible level of care for individuals seeking massage therapy services in any specialty area. (2)

There are other intentional and indirect benefits of specialization. These include:

- Analyses and evaluation of the profession

- Identification and development of appropriate areas of specialty practice

- Promotion and development of the science and the art underlying each specialty area of practice.

- Promotion of research and the development of new ideas thus continuing the evolution of the profession.
- Promotion of greater expertise and intelligent use of evidence based medicine, leading to greater professional recognition.
- A reliable and valid method for certification and recertification of individuals who have attained an advanced level of knowledge and skill in each specialty area.
- Provision of a resource in specialty practice for the massage therapy profession, and the health care community.
- Improvement in career prospects for RMTs

Process for Specialization

Processes followed by HCPs were reviewed. The process for the medical process is very thorough. The following steps for specialization are followed by the medical profession and can be adapted for registered massage therapists. The identification of core competencies of a specialty is the first step of the process. In medicine, *core competencies are developed through detailed reviews of the medical literature combined with review by recognized experts from established medical specialties, experts within the new area of specialization and experts from outside the medical profession. This list of core knowledge and skills is then compiled into a draft Core Competency Document. Once the Core Competency Document is drafted, the certifying organization and its associated professional academy, college or society review the document against the existing literature and again solicit expert opinion regarding the Domains of Competence and Areas of Competency contained in the document. The Core Competencies are next formatted using a psychometric taxonomy (such as Blooms Taxonomy) based on the core competencies required by therapists practicing in the area of specialization as non-specialists and as specialists or sub-specialists. Development of the first Core Competency Document takes five to ten years and is a prerequisite to creating the Certification Examination.* (12)

The specialization documents for the national and international Primary Health Care Professional Bodies that govern Chiropractors, Nurses, Physicians and Physiotherapists were reviewed. Also examined were the specialization processes used by Architecture, Engineering and Music Therapists. All the groups went through a lengthy process of consultation (25 years for the American Physical Therapists Association (APTA) with their own members and with other Health Care Practitioners. The impetus for discussion came mainly from the professional bodies. Task forces involving members, as well as academics and other healthcare professionals, were the norm in these processes in other professions.

For example, the Ontario Physiotherapy Association initiated an Advanced Practice Task Force to develop a model for advanced practice physiotherapy in Ontario. (10)

The mandate of this task force was to outline a framework for advanced practice that:

- Identify the extended competencies of advanced practice physiotherapists
- Describe appropriate and recognized advanced interprofessional educational programs
- Meet regulatory requirements for education and portability of title
- Respond to evolving population health needs.

There was no profession that relied on input from private for profit businesses. All professions had lengthy processes involving health care practitioners.

Current State of Specialization

Currently, not much has been done toward specialty education for RMTS. A review - of the minutes of the College of Massage therapists of British Columbia revealed the following recommendations:

- that the establishment of professional Practice Groups is properly under the jurisdiction of the Professional Body/MTABC (September 2, 2003)
- that consultation with the membership should be sought (This occurred April 25, 2003)
- The board should t cooperate with the MTABC in joint meetings (correspondence from May 2007 to June 2008).

Since RMTs have not yet established specialty education, this is a great opportunity to learn from the processes established by other health care professions and adapt them to suit the needs of RMTS. RMTs need to take time and do the best possible job. This is an excellent opportunity to truly advance the profession. Therefore, the following definition and recommendations are proposed for discussion and approval.

Recommendations for Discussion

These recommendations are based on the review of the literature and discussion with a small group of stakeholders. It is a first attempt to define specialization, its scope and processes.

Definition of a Specialization

Specialization is the process (post graduate) by which a therapist builds on a broad base of professional education and practice to develop a greater depth of knowledge and skills (advanced mastery) related to a particular area of practice. Clinical specialization in therapy responds to a specific area of patient needs and requires knowledge, skills, and experience exceeding that of the massage therapist at entry to the profession and unique to the specialized area of practice.

Typical Areas of Specialty

There are different ways of identifying specialties in a profession. Decisions need to be made on how to divide the practice of RMTS to create specialties. There have been some whispers in the RMT profession of conferring specialty designation for individual techniques or modalities so the landscape was reviewed to understand if this would be viable. It is believed that specializing along modalities may fragment patient care and dilute the meaning of specialization. No other profession uses modalities of treatment for identifying specialties, other professions use populations, body systems or pathologies.

Below is a recommended list of specialties based on the chiropractic, nursing and physiotherapist professions:

Populations: perinatal, pediatric, geriatric, sports, ergonomics

Body systems/regions: orthopedics, neurological

Pathologies: oncology, rheumatology, lymphology,

Governance

Specialty education is usually developed under a governance body. A few models used by other professions are reviewed.

The APTA has specialty councils that are overseen by the American Board of Physical Therapy Specialties (ABPTS). Each specialty council is composed of three physical therapists with expertise in the specialty area. Each specialty council identifies and defines advanced skills, establishes the eligibility criteria, and develops the examination, which is how the APTA formalizes their specialty recognition process.

The National Board of Medical Examiners (NBME), a not-for-profit institution whose mission is to provide the highest-quality testing and research services to organizations involved in the licensure and certification of medical and health science professionals, provides test development, test administration, editorial production, and psychometric services to ABPTS and the specialty councils.

The Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards has a Specialties standing committee which oversees the individual specialty colleges. The method for obtaining recognition is through a common graduate curriculum with additional and more specific activities as determined by each specialty college. This approach is more self-directed and encourages conceptual understanding and problem solving.

Model for Discussion

After careful review of other models, the chair of the MTABC Council of Professional Practice Groups (9) recommends the creation of professional practice groups (PPG)

overseen by a council composed mainly, but not exclusively, of RMTs. The objectives of the PPGs would be as follows:

- (1) To provide a forum for the exchange of ideas between those interested in a particular clinical practice area.
- (2) To develop clinical guidelines and standards of practice for those working in a particular field.
- (3) To promote and facilitate the development of high quality postgraduate continuing education courses.
- (4) To encourage research and development that will enhance the research base of massage therapy.
- (5) To develop and maintain links with other relevant agencies. These include, but would not be limited to: other health care professions, post-secondary institutions and consumer or other advocacy group.
- (6) To promote the benefits of the field to other massage therapists, healthcare professionals and related agencies, regulatory bodies, insurers and to potential clients.
- (7) To allow an individual RMT to be granted a specialty designation.

As well, it is recommended that the process be voluntary, nonrestrictive and coordinated.

- (1) It is a voluntary process. Participation in the certification process is initiated only at the request of the individual.
- (2) It is a nonrestrictive process. No attempt is made to prohibit others from practicing in a specific area; registered massage therapists are not required to restrict their practice to the area in which they are certified.
- (3) It is a coordinated process. A central mechanism is provided for certifying specialists. This reduces duplication of effort and provides reasonable uniformity in the level and type of standards used as the basis for certification. (1,4)

All health care professions set minimum eligibility requirements for those who wish to specialize. Therefore the following are recommended Minimum Eligibility Requirements (adapted from 1&3)

- (1) Current licensure to practice massage therapy in British Columbia
- (2) Evidence of a minimum of 2,000 hours of clinical practice in the specialty area, 25% of which must have occurred within the last 3 years.

(3) Bachelor of Health Science or Equivalent

(4) Common Graduate Curriculum consisting of the following:

- Searching, Critically Appraising and Using the Health Care Literature
- Research Methodology and Biostatistics
- Clinical Epidemiology
- Advanced Jurisprudence and Medical-Legal Report Writing
- Common Graduate Student Seminars: self-directed and small-group activities to complete an evidence-based review of neuromusculoskeletal clinical sciences related to massage therapy. The emphasis is on conceptual understanding and problem solving, as opposed to factual recall, and encouraging discussion by creating an atmosphere for learning
- Radiology - Diagnostic Imaging (Reading course)
- Basic Clinical Sciences - Clinical anatomy and tissue injury repair, orthopedics, neurology, rheumatology
- Interdisciplinary Communication Skills

(5) The professional practice groups/specialty colleges will have additional requirements with regard to specific modalities

Most health care professions also specify maintenance requirements. The following requirements for Maintenance of Specialist Certification are recommended.

The purpose of recertification is to verify current competence as an advanced practitioner in a specialty area and to encourage ongoing education and professional growth. There are many possible ways to accomplish this. The Canadian Federation of Chiropractic Regulatory and Educational and Accrediting Boards model is appealing since it encompasses the goals advanced by Loffler. A modified version is proposed below. (1, 3)

Members of a professional practice group/specialty college must, as a minimum, annually fulfill one of the following requirements as approved by their professional practice group/specialty college:

1. Teach a minimum of 12 hours in a year in a postgraduate programme
2. Teach a minimum of 12 hours in a year to undergraduate students
3. Write and submit for evaluation a paper of not less than 2000 words that is suitable for publication
4. Write and submit for evaluation a case report of not less than 2000 words
5. Attend a scientific symposium
6. Participate in a leadership capacity with the respective college for at least 12 hours per year
7. Participate in project or field work (e.g. serve as a team massage therapist at a sports event) for at least 24 hours per year
8. Participate in a research project of scientifically admissible quality

Specialization strategies should not imply that those RMTs, who do not undertake specialization, are somehow second-class practitioners. General practice therapy and basic (“wellness”) massage should themselves be seen to be capable, features, via refinement of their own competency base.

I agree with Leon Chaitow, ND, DO, Honorary Fellow, University of Westminster, London and Editor-in-Chief, Journal of Bodywork & Movement Therapies when he states

Massage therapy is at a critical point in its' evolution. If specializations are to be created within the massage profession, these need to have exemplary standards, or they will be regarded with indifference by potential employers, Government agencies, insurance companies, and - most importantly - by other health care professionals.

Next steps

The purpose of this paper is to provide a beginning point for the discussion that needs to take place as the Massage Therapy profession continues to evolve to meet the needs of a multidisciplinary health care system. It is recommended that this report be widely circulated and that the RMTs be informed and involved in making a final decision on creating specialties.

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