



Environmental Scan

A review of stakeholder perspectives to inform the 2022 strategic planning process for the College of Massage Therapists of Ontario (CMTO)

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DEVELOPED BY

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Table of Contents

| Introduction & Background | |
|--|--|
| Key Findings | 4 |
| Findings at a Glance Top strengths in the regulation of massage therapy Top opportunities for CMTO to consider Top threats that CMTO should be aware of | 6 6 8 9 |
| Advice from Stakeholders | 10 |
| Summary Comments and Considerations | 11 |
| Detailed Description | 12 |
| Overview | 12 |
| Methodology Table 1: Stakeholder Group Description Outreach Activities Survey Interviews and Focus Groups Limitations | 12 12 13 13 13 14 |
| Demographics RMT Profile Table 2: Breakdown of gender identified by RMTs Table 3: Household Income identified by RMTs Client Profile Table 4: Age distribution of clients Table 5: Background as identified by clients Table 6: Household income as identified by clients Table 7: Satisfaction with Massage Therapy services as rated by clients Table 8: Location where clients access services | 15 15 16 17 17 18 18 19 |
| Detailed Summary of Discussion Identifying the Strengths of the Regulation of Massage Therapists Accreditation Process New Approach is Promising Good Relationship with Government Regulation of the Profession 'Right-sized' regulation Identifying the Weaknesses to the Regulation of Massage Therapists | 20 20 20 20 21 21 21 |

| Communication, Transparency, and Engagement of Stakeholders | 21 |
|---|----|
| Approachability of CMTO | 23 |
| Inclusion of All Stakeholders | 23 |
| Entry to Practice for New Students | 24 |
| Quality Assurance | 25 |
| Role of CMTO: Awareness, Importance and Client Needs | 27 |
| Trends in Insurance Coverage | 28 |
| Trust in Massage Therapy | 29 |
| Safety in Massage Therapy | 30 |
| Supporting Diversity, Equity, and Inclusion | 30 |
| Technological Trends in the Field of Massage Therapy | 31 |
| Threats or Risks for Clients in Massage Therapy | 32 |
| Sexual Abuse and Harassment | 32 |
| Injury | 34 |
| Financial Mistreatment | 35 |
| Inability to Discern Best Approach | 36 |
| Confidentiality and Privacy | 36 |
| Lack of Trauma Informed Care | 36 |
| Out of Scope Health and Wellness Advice | 36 |
| No Risks in Hands of Professional | 37 |
| A Decline in Professionalism and Value Proposition of Regulation for RMTs | 37 |
| The Impact of the Economy and Inflation | 38 |
| Emerging Trends and Opportunities in Massage Therapy | 38 |
| Massage Therapy Seen as a Valid Player in Health Care | 38 |
| Infection Control | 39 |
| Mental Health | 39 |
| Working from Home | 40 |
| Mobile Practice of Massage Therapy | 40 |
| Specialization by Massage Therapists | 40 |
| Long-COVID | 41 |
| A Health Conscious Society | 41 |
| Embracing New Approaches and Modalities of Practice | 41 |
| Appendix A: Online survey questions | 42 |
| Appendix B: Sample Interview script | 52 |
| Appendix C: Sample Focus group script | 54 |

Executive Summary

Introduction & Background

The College of Massage Therapists of Ontario (CMTO) is undergoing a strategic planning process for 2023-2025. As part of the strategic planning process an environmental scan was conducted that included stakeholder outreach activities to understand the experiences and perspectives related to the current state of regulation in massage therapy as well as to look to future opportunities and threats that should inform strategic planning.

The stakeholder outreach was conducted in advance of meetings scheduled for September 8th and 19th, 2022. A more detailed explanation of the methodology can be found on page 12. In total, perspectives were gathered from **2455** participants in this process (2440 survey; 11 interviews; and 4 people through one focus group).

The section below is a summary of the key findings. This section pulls the themes from the outreach efforts and presents them as key findings as well as provides recommendations. An asterisk, noted with *, has been placed beside key findings that also reflect CMTO staff comments as items that would be important to consider for strategic planning.

In addition to the executive summary, detailed results from the focus groups, interviews, and surveys can be found in the detailed report section beginning at page 20.

Key Findings

- 1. Trust in Massage Therapists is high and regulation contributes to this. Clients reported high trust in their Massage Therapists and likewise, RMTs felt that their clients trusted them. Open communication and the incorporation of feedback throughout the care process were identified as important in establishing and keeping this trust.
- 2. **RMTs want to be seen as valued healthcare providers.** A growing desire and interest was expressed by RMTs to be seen as having a significant role in the healthcare field. The value of massage therapy was seen as having increased and more RMTs felt referrals as part of physician treatment plans were occurring.
- 3. Engagement and fostering of relationships with all stakeholders is important and welcomed. All stakeholders valued the opportunity to be involved in the strategic planning process. They also urged meaningful engagement and transparency in decision making as part of that relationship. They stressed that increased relationships with all stakeholders is in the best interest of the public.
- 4. **Communication is core to all improvement.** Respondents highlighted ways that communication could be improved in terms of frequency, type, and clarity. Guidelines and best practice were viewed as a strength from a communication perspective. Respondents highlighted customer service-related communication as a critical way to increase the approachability of CMTO.
- 5. Exploring the relationship with the education sector may be of critical importance.*

 A number of elements related to the education sector were stressed throughout the environmental scan. This ranged from incorporating the educator voice, addressing the number of schools, imposing stricter entrance exams, ensuring schools teach curriculum, accreditation, National exams, and expediting registration of student graduates.
- 6. Raising awareness of the role of CMTO and regulation is important for RMTs and clients. Respondents highlighted that there may be a lack of clarity on the role of CMTO by the public and RMTs. On the one hand, it is important for the public to understand that massage therapy is regulated. On the other hand, some highlighted that a lack of clarity amongst RMTs around who CMTO serves may lead to challenges within the profession. A more clear understanding of the role of a regulator and the value of regulation may enhance feelings of importance in registration with the college.

- 7. The approach to sexual abuse is a top priority and may need to be rethought.* Sexual abuse was raised as one of the greatest threats to the profession. Respondents indicated that there was a need to think about how this issue is addressed proactively as well as from a discipline perspective. There was a strong feeling that the sensitive area form, in particular, needed to be reconsidered.
- 8. **Ensure governance reform is top of mind.*** Respondents stressed that governance reform should be top of mind in any strategic planning and that meaningful change may be required to ensure the College is future proof.
- 9. **Explore ways to enhance fiscal sustainability.** The College was encouraged by respondents across all stakeholder groups to examine its fiscal sustainability as part of future planning.
- 10. **Keep doing what works and keep building.** The development of guidelines and standards of practice were seen as a real strength of the College and one that should continue to be maintained and further strengthened into future planning.

Findings at a Glance

The outreach activities broadly took a SWOT approach (analysis of strengths, weaknesses, opportunities, and threats) to understand the field of massage therapy and the regulation of its practice. Some additional probing questions around diversity, equity, and inclusion, technological trends, as well as safety and trust were also examined. The results can be found in greater detail in the discussion section but are highlighted below. Refer to page 20 for detailed findings.

Top strengths in the regulation of massage therapy

- Accreditation process: Most individuals cited this as a strength of the CMTO and one that was working to improve the quality of schools and student graduates, ultimately better serving the public.
- New approach and good leadership at CMTO: Many noted that new leadership at the CMTO was viewed as a strength and an opportunity. They were hopeful for openness for change and growth and identified engagement in this strategic planning process as a positive step. They noted that the CMTO has a strong leadership team.
- Good relationship with government: Most individuals felt that the CMTO had a strong relationship with government representatives and felt that this was important to continue to build to ensure CMTO is aware of government priorities and is forward thinking.
- **Right-sized regulation:** Some individuals referenced a more recent move in the provision of guidance by CMTO to allow for some interpretation. Individuals felt this was a move in the right direction and that this approach needed to be monitored to ensure it was working for stakeholders.

Top weakness or areas to develop in the regulation of massage therapy

- Communication, transparency and relationship building: Most individuals noted that communication from CMTO needed to be strengthened. This included frequency and clarity of messages. Many felt that the CMTO could work on improving its approachability by stakeholders.
- Inclusion of all stakeholders: Particular sub-groups of stakeholders felt they could be better included. This involved finding opportunities to meaningfully engage the educator and student voices. It also referred to how industry partners and employers may be better engaged and utilized.
- Entry to practice for students: Most people felt that the entry to practice was a strength for the CMTO but noted that there was room for improvement. They highlighted that the profession is only as good as its entry to practice. Many suggestions for improvement were noted about the exam process including suggestions for CMTO's exam provider.
- Value of quality assurance programs: Some individuals noted that the CMTO may want to explore the evidence base on quality assurance programs with respect to their impact on the public. In particular there were mixed reactions to both the STRiVE Quality Assurance Program and the peer assessment program.

Top opportunities for CMTO to consider

- Massage Therapists as a valid player in healthcare: Many noted that there has been a move to embrace and recognize the importance of massage therapy as part of health care and prevention and felt this should be leveraged. Many expressed that a next step is the removal of HST to further validate the services. (Many respondents did not seem aware that removal of the HST does not fall under CMTO's regulatory mandate).
- Infection control: Many noted that COVID-19 has changed the expectations on cleanliness and infection control. Most felt that Massage Therapists emerged as a leader in this area and they felt that it will remain top of mind for most clients.
- Mental health: RMTs noted that mental health needs to be top of mind as clients increasingly seek massage therapy as a stress relief and RMTs need to be prepared to respond appropriately.
- Working from home trend: It was noted that working from home has created new opportunities where clients are getting different types of injuries and now have greater flexibility to schedule appointments.
- Mobile practice: Individuals highlighted that clients may increasingly have a need for mobile services including amongst the ageing population.
- **Specialization of Massage Therapists:** RMTs felt there could be opportunities for further specialization and progression within their careers.
- Long-COVID symptom management: It was noted that there is a rise in clients who are seeking massage therapy to relieve long term symptoms associated with COVID-19.
- A health conscious society: Many commented on a shift in the general population where there is a move to more individuals being focused on health and wellness and that massage therapy could stand to play a greater role in that.
- New approaches and modalities to practice: Many noted that there are a number of different modalities of practice that could be harnessed by RMTs to offer a variety of treatment and to extend their own ability for continued practice.

Top threats that CMTO should be aware of

- **Sexual abuse and harassment:** Key elements emphasized included the need for preventative measures, a reconsideration of the sensitive areas form, and continued discipline.
- **Injury:** Concerns related to aggressive treatment, inadequate treatment by unregistered individuals, and non-disclosure of health history by clients.
- **Financial mistreatment:** RMTs and clients raised a concern around over treatment for financial gain, over selling of products and services, and an inequity in terms of access to services.
- **Inability for clients to discern care:** Respondents pointed to an inability for clients to distinguish between types of care (regulated vs unregulated) and quality of training, which may ultimately impact the treatment they receive.
- Confidentiality and privacy: RMTs in particular were concerned about the confidentiality and privacy of client health information and personal information. This made some reluctant to embrace new technologies.
- Out of scope health and wellness advice: Some individuals raised concerns about Massage Therapists stretching the scope of practice and offering advice that lacked an evidence base (including nutritional supplements, psychological advice, and other health information).
- A decline in professionalism: Individuals pointed to the potential for a decline in professionalism in the field, both in terms of numbers of RMTs and the potential for a decline in registration if the value of regulation is at question.
- The impact of the economy: Some concerns were raised around rising inflation and the ability for clients to be able to afford services.

Advice from Stakeholders

Participants from interviews and focus groups were asked to give their advice on the top areas that should be considered as part of a strategic planning exercise for CMTO. Here is what they most commonly said:

- Look for ways to build the evidence: this includes science on massage therapy and in particular the impact of regulated RMTs vs. unregulated massage.
- **Streamline business processes:** individuals highlighted that all strategic planning processes should look at how business processes can be streamlined, in this instance for CMTO internally.
- Build the image of CMTO in the public sphere: ensure every element is about public interest. How does the public see CMTO, how useful are the services to the public, and how can you reach the public?
- Communication and relationships with stakeholders at all levels: The education sector was specifically highlighted as an area that could be developed (from educators to schools to students). Other sectors highlighted were industry/employers, government, and other colleges. Some sectors expressed that they were really pleased to be involved in the strategic planning and noted this was the first time the CMTO had done outreach with their sector, which they saw as important. Everyone emphasized that having a finger on the pulse of the profession required relationship building.
- Look at the registration processes: Individuals wondered whether there could be a tiered fee structure or addition of new registration categories. This included the capacity for various registration such as: educator, industry, specialist, and other means of addressing different stakeholders as well as offering room for growth.
- **Think big picture:** This included anticipating government priorities but also understanding the profession at all levels to foresee the direction in order to be proactive.
- **Focus on transparency:** Relating to communication, decision making, accessibility of information, and governance. Ensure everyone has a common understanding. Be as transparent as you can be.

Summary Comments and Considerations

The College of Massage Therapists of Ontario heard from a variety of stakeholders critical to the field of massage therapy. What the outreach efforts demonstrate is that CMTO is doing good work and that regulation is important to the public's confidence in their treatments.

The importance of massage therapy as a valid health practice is rising in clients, RMTs, and other health care professionals. At the same time the threats associated with increasing complaints related to sexual abuse pose a significant threat both to the professionalism of the field and to registrants of CMTO. The demand for massage therapy services is shaping a new landscape of education systems, which many feel is failing students, the profession, and ultimately the public. Individuals on all sides of the stakeholder map are eager to find solutions and enhance relationships to grow the profession together.

Consideration 1: Leverage the strengths of CMTO including strong leadership with respect to guidelines and standards.

Consideration 2: Further build relationships and enhance communication channels amongst all stakeholders.

Consideration 3*: Evolve how sexual abuse is prevented, managed, and disciplined.

Consideration 4*: Examine the process for students to enter practice, number and quality of schools, relationships with the education sector, and the expeditious registration of students.

Consideration 5: Examine the quality assurance program and how it could be adjusted based on educator and RMT voice and efficacy.

Consideration 6: Better articulate the role of regulator and the importance of regulation within the profession to improve relationships with and perceived value of registration with the college.

Detailed Findings

Detailed Description

The section below provides a greater detailed description of the findings from the stakeholder outreach efforts that support the themes and general findings indicated within the executive summary.

Overview

The College of Massage Therapists of Ontario (CMTO) is undergoing a strategic planning process for 2023-2025. As part of the strategic planning process an environmental scan was conducted that included stakeholder outreach activities to understand the experiences and perspectives related to the current state of regulation in massage therapy as well as to look to future opportunities and threats that should inform strategic planning.

Methodology

The environmental scan was conducted through the period of July 4th 2022 - August 23rd 2022. In total, perspectives were gathered from **2455** participants in this process (2440 survey; 11 interviews; and 4 people through one focus group). Table 1 details the breakdown from each group during the outreach efforts.

Table 1: Stakeholder Group Description

| Stakeholder | Outreach effort | Number |
|--|--|--------|
| Registered Massage Therapists | Online Survey | 2037 |
| Client of a Registered Massage Therapist | Online Survey + Citizen Advisory Group Survey | 138 |
| Representative of Professional Association | Online Survey | 8 |
| Massage Therapy Educator | Online Survey + Focus Group | 9 |

| Student in a Massage Therapy Program | Online Survey | 28 |
|---|----------------------------|-----|
| Staff member at another Regulatory College | Online Survey + Interviews | 21 |
| Government or a government agency employee | Online survey + interviews | 9 |
| Industry representative | Interviews | 3 |
| Representative of insurance industry | Interviews | 1 |
| Representative of private and public colleges | Interviews | 2 |
| Other | Online survey | 50 |
| Declined to answer | Online survey | 149 |

Outreach Activities

Survey

An online survey consisting of 32 questions ran during the period of July 2nd, 2022 to July 22nd, 2022. A skip logic was applied to the questions, such that respondents were presented with different questions based on their responses to previous questions.

A DEPEST model, which examines Demographic information, Environmental, Political, Economic, Sociocultural, and Technological trends was applied to the field of massage therapy for survey respondents. Participants were asked key questions under these categories as relevant based on the applied skip logic. The survey was created by Facilitation First and CMTO. It was hosted on Survey Monkey and distributed by CMTO through their channels. An additional survey was created and distributed through Ontario's Citizen Advisory Group. All response data was reviewed and analysed by Facilitation First. Individual response data was not shared with CMTO beyond the aggregate form found in this report. A sample of the survey script can be found in **Appendix A**.

Interviews and Focus Groups

Additionally 11 interviews were conducted and 1 focus group with 4 participants were held. Interviews and focus groups followed a SWOT model (Strengths, Weaknesses, Opportunities, and Threats). They also asked participants to share key insights or recommendations to inform the strategic planning. Some interviews were developed with additional prompts and probes depending on the specific stakeholder group.

Interviews and focus groups were coordinated and conducted by Facilitation First with the advice of key stakeholders and contacts provided by CMTO. Sessions were conducted over zoom and facilitated by a Facilitation First representative with zoom transcript enabled. No CMTO representatives were present to ensure interviewees could be candid in responses. Interviews took approximately 30-45 minutes in length and included 8 questions. A sample of the interview script can be found in **Appendix B.**

The academic perspective was identified as a gap in the responses received through the online survey. As a result, an additional focus group with 4 participants was held with individuals representing the academic sector. The focus group took approximately 90 minutes in length and included 4 questions. A sample of the focus group script can be found in **Appendix C.**

Limitations

The environmental scan sought to incorporate the perspective of key stakeholders into the strategic planning process for the CMTO. One limitation of the approach taken is the sheer volume of responses. Given the over 2000 online survey responses and additional stakeholder outreach activities, there was a significant data set. Some of the questions online were open ended. While every effort is made to capture the voices of all responses, as themes are picked up in the analysis, some perspectives may not be captured.

Demographics

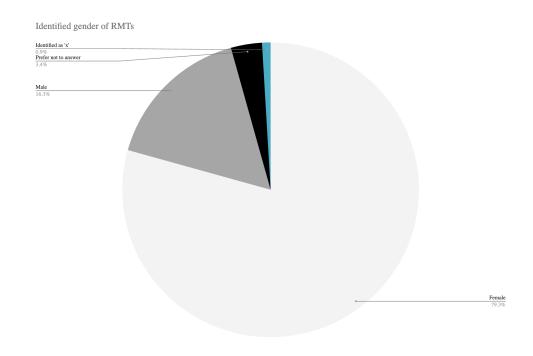
RMT Profile

Of the respondents who completed the online survey, 2266 answered the question about their role in massage therapy and 149 skipped the question. 2039 (83%) of respondents were RMTs who answered the survey. The remaining survey options resulted in less than 2% of responses. See table 1, above for a detailed participant list.

Respondents were most commonly between the ages of 31-60, with 29.5% (41-50 years old); 26% (31-40 years old); and 21% (51-60 years old). Only 1% of participants were over 70 years of age. Participants were geographically spread across the province with the greatest numbers falling in the Central and South Region (32%) and Toronto Area (29%).

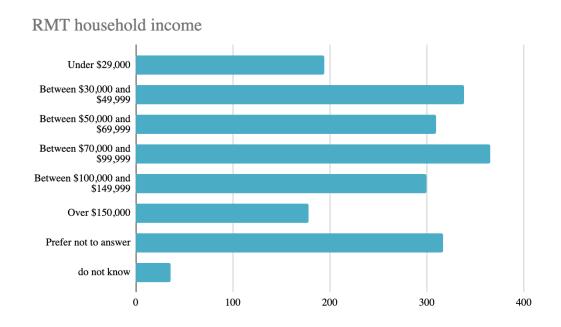
Most RMT respondents identified as female (78%). 18% identified as male and just over 4% preferred not to answer. 1% of participants selected option X', listing non-binary, two spirited, and gender fluid most commonly. Participants mostly described themselves as heterosexual (79%), and gay/lesbian (3%). Almost 4% of participants chose a sexual orientation not listed on the survey, answers most commonly listed here were bisexual and pansexual. See table 2 for a breakdown.

Table 2: Breakdown of gender identified by RMTs



Participants described themselves as being white or from European descent (74%). The income distribution amongst respondents represented a large range with similar proportions between \$30,000 to \$149,000 with the highest proportion (18%) falling in the range of \$70,000 to \$99,999. See table 3 for more details.

Table 3: Household Income identified by RMTs



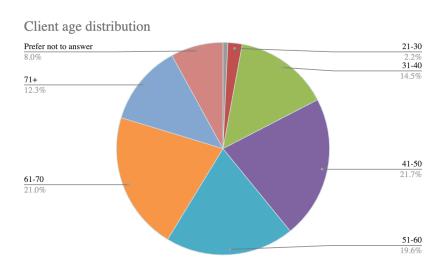
The most common characteristics of RMTs who completed the survey were 41-50 years old practicing in central region and who identified as female, heterosexual, and white (European descent).

RMTs who completed the survey were most likely to work in a multi-disciplinary clinic (32%), followed closely by independent office location (29%) and independent home clinic (22.5%). The length of time that RMTs had practiced was widespread and divided amongst most time allocations. 19% of RMTs had practiced for 6-10 years, which was the most common by a narrow margin.

Client Profile

138 of the survey responses were clients. The most common client profile was those identifying as female (72%), heterosexual (75%), and as white (European descent) (76%). The age distribution ranged with the bulk of clients falling between 41 and 60 years of age. Majority of clients (35%) had a household income of over \$100,000. Refer to table 4 for the client age distribution.

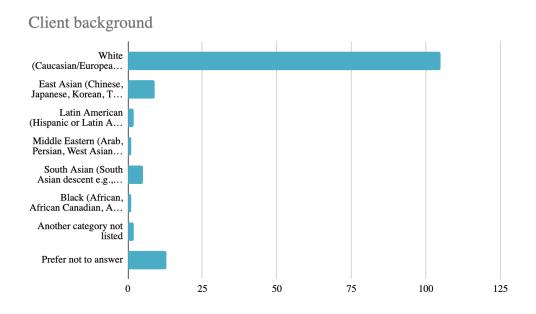
Table 4: Age distribution of clients



100 (72%) respondents identified as female and 29 (21%) respondents identified as male. Nine individuals stated they would prefer not to answer. Clients largely identified as heterosexual (75%) with 7% identifying as gay/lesbian, 3% identified as a sexuality not listed, and 21% preferring not to answer.

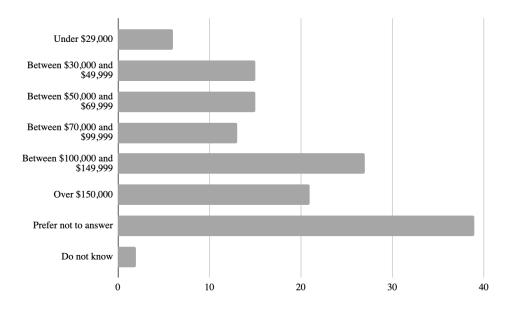
Participants were also asked to indicate the background they identified with as this can impact their experiences with the health care system. 105 (76%) of clients identified as white or of European descent. Refer to table 5 for more details on this breakdown.

Table 5: Background as identified by clients



Participants were also asked about their household income. While many (28%) preferred not to answer, those that did answer indicated that 35% of clients had a household income of over \$100,000. See table 6 for a breakdown.

Table 6: Household income as identified by clients



A majority of clients (88%) indicated that they were either very satisfied or satisfied with the treatment they received in massage therapy. Less than 1% of clients indicated that they were very dissatisfied. An overwhelming 88% of clients indicated that they intended to get a massage within the next six months. See table 7 for a breakdown.

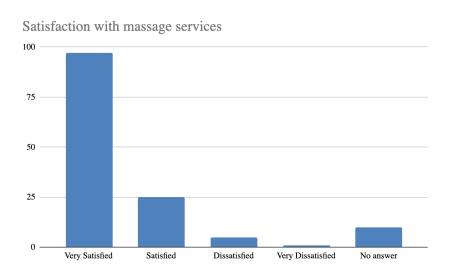


Table 7: Satisfaction with Massage Therapy services as rated by clients

Loyalty to a Massage Therapist appeared high with over 71% of clients indicating that they see the same RMT either 'all of the time' (42%) or 'most of the time' (29%). Only 2.5% of clients indicated that they never see the same Massage Therapist.

Clients most frequently visited independent Massage Therapists, with a majority (58%) being at independent registered office locations and 10% at independent registered home locations. 21% of clients access Massage Therapists at multidisciplinary clinics.

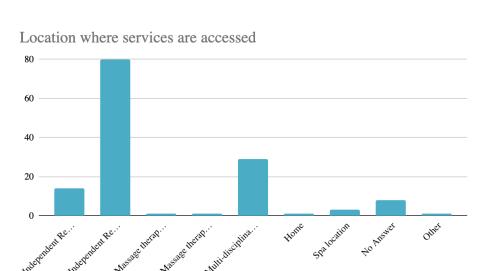


Table 8: Location where clients access services

Detailed Summary of Discussion

The section below provides a greater detailed description of the findings from the stakeholder outreach.

Identifying the Strengths of the Regulation of Massage Therapists

Accreditation Process

Many individuals highlighted the accreditation process as a strength. They identified that this was validating schools that were doing a good job and helping schools to document what they do, while modelling good practice for students. Some highlighted that this process is forcing new schools to understand and do better from the start. They indicated that this was reflected in the fact that some schools weren't passing, which they saw as a good thing.

"long overdue - this ensures schools have to step up so that students have experienced a level of rigour ahead of certification exams" (stakeholder interviews)

"Average RMT may not be aware that this is happening - so opportunity to raise awareness" (stakeholder interviews)

"consider CMTO standards to be highest in industry - promote this when in other provinces - this is seen as a high standard"

New Approach is Promising

People expressed that it appeared as though change was afoot. Many used the strategic planning process as an example of having been engaged in a new way that they felt was valuable. Individuals noted that they were hopeful about the new Registrar in particular who they felt seemed to understand the practice and keep public protection top of mind. They also highlighted that fresh eyes on this regulatory body was needed.

"Maureen in particular is wonderful, practical - understands the practice and what is achievable - keeps protection of the public top of mind - this is a balance with payment of services."

"leadership team is very strong"

Good Relationship with Government

Individuals expressed that they felt CMTO had a strong relationship with the Ministry of Health, which they viewed as valuable and encouraged the continued fostering of this relationship.

"does a great job in primary function as regulator (stay on top of what's happening on government side)"

Regulation of the Profession

Many individuals reflected that the regulation of massage therapy was a strength in itself, bringing credibility to the profession within the healthcare space. This was also highlighted as a strength in terms of establishing credibility amongst insurance providers. There was a need expressed for the college to continue to clarify the role of regulator, including distinguishing between the college and associations. Some expressed that this would provide better clarity to registrants about the value of registration.

'Right-sized' regulation

Some individuals expressed that CMTO was moving toward what they referred to as 'right-sized' regulation, meaning that guidance was less prescriptive, which they viewed as helpful. They identified this as an area to continue to work on to ensure there is still clarity and to watch how this would be reflected in exams.

Identifying the Weaknesses to the Regulation of Massage Therapists

Communication, Transparency, and Engagement of Stakeholders

Communication was consistently raised by all sectors during the outreach activities. Most respondents felt that more clear communication would increase the transparency and approachability of the CMTO.

The **educator voice** in particular was raised as an area that could be strengthened. Individuals felt that communication tended to be one-directional and often presentation based and were interested in more opportunities for dialogue and interactivity.

"Educator voice should be included - important in knowing what is current and relevant to the field"

"this could look like a dedicated body (committee/group - that is dedicated but does not contribute to slow timelines) - opens up lines of communication (or use existing committees that are already out there) - but move forward and take action rather than further contemplate."

"Educators have [a] good understanding of [the] role of CMTO but interaction is low and educator voice is not included. It has been this way for a long time. Know their role but do not feel like they will help an RMT. There is a level of fear related to punitive measures. Lack of transparency leads to this because people don't know what to expect."

Schools noted that communication forums could be a simple means of continuous engagement with schools and that they could be facilitators of this information.

"A CMTO bulletin to schools for students. i.e. 'schools can you share with your students.' This should be bite sized information, regularly, and without too many links" (interview participant)

Meaningful engagement was similarly raised as a way to increase the engagement of educators. Some people felt that the engagement to date has been a checklist approach vs true engagement. This was also raised by RMTs in the online survey who used the fee process as an example. Irrespective of the outcome, individuals felt they were surveyed and then input ignored, this made them wonder about why they participated in the first place. Some suggested that a rationale, which demonstrated that their voice had been heard, would help tamper this.

"I'm talking about asking RMTs for their assessment of this practice, not a consultant or academic talking theoretically. And then actually act based on the feedback from RMTs." (interview respondent)

While this survey was not about fee increases in particular, it was referenced in many RMT responses in the online survey. It is worth referring to in this environmental scan as a perceived example of a **lack of transparency** and meaningful engagement amongst RMTs. Individuals noted that they wanted more information about where their fees go and some noted that it ultimately may challenge professionalism and result in Massage Therapists leaving the regulated community. Ultimately, a lack of transparency with respect to fees and other college expenses was seen as eroding trust in some registrants of the RMT community.

"Provide better understanding for RMTs about where and how the yearly fees are spent. " (RMT survey)

"Arbitrary increase of fees will ultimately deter me from staying in this profession longer than 5-10 years." (RMT survey)

Approachability of CMTO

Many individuals noted that it would be valuable to CMTO to investigate how to increase their **approachability**. Some individuals felt that the nature of the regulator gave it a sense of 'top down.' People expressed that this relationship sometimes appeared "combative" or perceived as "us vs. them". They indicated that oversight and guidance sometimes felt like "micromanaging" and thus a feeling that CMTO cannot trust its registrants.

Some individuals expressed that communication with the CMTO had contributed to these feelings. They indicated that communication could be more timely with answers that were more clear. Some individuals felt that responses made them feel "inadequate" and not like "humans".

The exam preparation process was highlighted as another area where approachability could be increased. While educators noted that CMTO needed to be careful about the information they provided, they felt more could be done to help guide students. They suggested that this would be a good touchpoint for CMTO with students to answer questions and provide support.

Inclusion of All Stakeholders

This was noted particularly amongst employers and the industry sector more broadly. Individuals felt that communication channels with the College have been an area that needs to be developed. Some individuals noted that this strategic planning process was the first time they had been engaged with the College. Industry partners noted that they were in a strange sphere because they were not registrants, however their role was to employ registrants and ensure they followed guidelines to protect the public. They expressed that they were often needing to reach out to their RMTs to get access to guidelines, emerging information, and best practice.

The pandemic, in particular, was highlighted as a time where this relationship gap was felt more clearly. Industry partners noted that they relied heavily on registrants to provide them with updates for them to institute in their respective businesses.

"During the pandemic managers had to depend on staff telling them positions of practicing during the pandemic. Could there be a second tier type of membership for example - this would create a more inclusive approach."

Another area that industry partners felt they could collaborate more on was public notices of RMTs under investigation. They noted that a system that alerts industry partners if an RMT is under investigation could help them better ensure the public is protected.

"If a complaint is filed - we don't know until we check registration. Could be as simple as 'there has been an update to this therapist'"

Many business owners wanted to be more closely engaged with and by the College and suggested they would be receptive to opportunities to engage.

"We would love to partner with CMTO in a more meaningful way. We all have similar objectives of providing services to the public in a regulated way. Talking to each other and putting a face to a name would be a great start"

"[the] fact that we were recognized as a stakeholder is really exciting and positive for us. If I can be of any assistance as a business owner in a volunteer capacity I would love to contribute in any way."

Entry to Practice for New Students

A number of challenges were raised with respect to the systems in place for new students in the field of massage therapy. Of those challenges, the most commonly raised were:

- **Examinations:** individuals noted that the barrier to practice was only as strong as the examinations. Some felt that the requirements were too low and that this was resulting in an acceptance of unqualified students
 - o No **National entry to practice:** some individuals felt that if there were National Exams it would create consistency and open labour mobility.
 - o **Prometric's** delivery of exams was seen as flawed: This was identified by students and representatives of public and private colleges. Prometric was seen as not having met deliverables and having "horrible communication". Most individuals felt it was a strength to have the exams through a third party but felt that this particular company was not meeting their needs. They identified it as having a "bad reputation" and took issue with the fact that it was US based. Some suggested looking to other colleges to use a similar organization.
 - o **Exam preparation and results**: Educators reflected that it was difficult to properly prepare students for examinations. Some felt that this was contributing to student stress and mental health challenges. Educators shared that the results from Prometric leave students confused and take a long time to receive. Students are left unsure as to whether they did not know the information or did not follow instructions adequately. They felt this leaves them unable to prepare to take the test again.

"no transparency of what is on exam; understand confidentiality but it is unclear as to what will be expected and whether outdated items will be removed (are subject matter experts developing exams up to date) - schools end up teaching old information for the exams"

"Conflict of trust of educators (needing to know information but is it lack of trust not to teach to exam)"

- **Private colleges setting up unaccredited programs:** People noted that a growing concern was the rise in the volume of private colleges and subsequently unaccredited programs. Some felt that an evidence base which demonstrated the impact on public safety could be useful in challenging this process.
- **Time to registration:** Individuals also felt that the process to register was slow and that it was preventing Massage Therapists from beginning to practice and earn an income. Many individuals stressed that an expeditious registration process was important.

Quality Assurance

Some individuals questioned the value of quality assurance programs and felt that the effectiveness may be misperceived. Some individuals felt that there is limited evidence of the effectiveness to the public and noted that while these programs are well intentioned they have a limited downstream effect.

With respect to **STRIVE – the Quality Assurance Program (STRIVE),** some expressed this was a good step but still felt there was room for improvement. In particular some individuals noted navigating the system to be a challenge.

"Strive - appreciated people able to modify - platform was easy to interact with and update"

"Strive is good but still has room for improvement - grads don't use this as a tool but a hoop to jump through."

"strive program - kudos. As a continuing education program it addressed the core issues RMTs could look to enhance over the course of the year. On technology side - a little difficult to deal with; navigating and submitting the answers"

Some RMTs however expressed that they did not feel STRiVE added value. They highlighted a preference for continued education courses as an alternative.

"get rid of the strive program! What a waste of money!"

"AS an RMT many of us would prefer taking continuing education courses vs doing strive (which no one I

have spoken with has said this is beneficial)"

"be more specific in what Strive is supposed to accomplish. It seems very abstract and confusing. I much preferred the CeU programme the way it was before."

"STRIVE is the most confusing platform for CEUs. I have learned absolutely nothing by doing it."

"The self learning goals attached to STRIVE are also very difficult, personally. This is not the format in which I learn."

The **peer assessment program** was highlighted as an area that people felt should be examined further. People felt that this program contributed to a feeling of being "policed" by CMTO and some expressed feeling that it was not a representation of their practice and felt misrepresented by the results.

"The Peer Assessment program has changed drastically over the last few years. Before it was more of a "helpful" "let's see how you are doing? what "tweak's" can be done to improve upon...", whereas now the Assessors are just "information gatherers". Answers are mis-construed months later when the recordings are reviewed by the CMTO (ie. The RMT thought they answered the question fully, but they seemingly didn't understand what was being asked, so they failed a portion of the assessment. Whereas if the assessor had said "tell me about this xxx" it may have helped with understanding and answering correctly instead of failing outright. Once we fail the assessment (which most RMTs currently are..) we have to take a course put on by CMTO.. not going to lie; the optics are bad here... it reinforces the "us vs them" combative mentality which isn't so helpful for either side.. and to charge a couple hundred dollars to take a course that you are putting on because we "failed" our assessment..?"

"This was my 6th peer assessment in 20 yrs and it was below my standards and is going to affect my good name with surgeons, nurses, physicians, insurance companies and future [clients] for what [the assessor] wrote. HE TWISTED MY WORDS."

"The peer assessment process is a complete waste of time and money. I've been practicing for over 20 years without issue but have been assessed 3 times. I'm required to book off an entire morning costing me \$500 to be able to recite answers directly from the standards and rules like any monkey could do. We need so much more."

"drop the peer assessment"

Some RMTs agreed with the need for peer assessment but still felt more could be done to improve the current process.

"It seems there is a need for more peer assessments. Peer assessments should no longer be random. It could be a goal to assess every therapist. There is no benefit to clients or therapists in having a therapist

who has "passed" a peer assessment re-assessed within five years or ever. That is a waste of resources and it seems we need a lot more assessments done."

"I personally would like more Peer assessments done on RMT's as I have seen a few Practitioners who have been in precise don't follow the guidelines example clinical notes which is paramount to the practise."

"Spend time with RMTs but not in a Peer Assessment situation. Collaborate independently with RMTs to better understand what the CMTO needs to support the public and RMTs."

Role of CMTO: Awareness, Importance and Client Needs

This section provides an overview of the client perspective as gained from the public survey. Clients of Massage Therapy were asked about their awareness of CMTO and use of public interest services.

Awareness of the College and its mandate to protect the public interest was high with 92% of respondents indicating they were aware of CMTO. While clients were aware of the CMTO, the majority (55%) did not utilize the services that are available and 14% were unaware of the services that were available.

Some individuals who did not utilize the services, felt they did not have a need to.

"no, only once because I don't have a need for any service but the registry of RMT's" (client survey)

"no, i have never had a reason in all of my 40 years of massage treatments to worry about using the services of any regulator" (client survey).

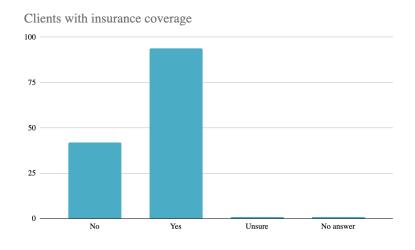
At the same time 74% of clients indicated that a regulatory body was either 'extremely important' or 'very important' for massage therapy. Just under 10% indicated that it was 'not so important' or 'not at all important'. 60% of clients felt that a regulatory body increased their confidence in receiving competent and professional treatment (38% a great deal and 22% a lot). Only 11% of clients stated 'not at all' in response to this question.

Almost all respondents in both the online surveys and stakeholder interviews felt that more could and should be done to raise awareness about the CMTO and why it is important that massage therapy is regulated.

"I am pretty sure that most of the public do not know the CMTO exists and what your purpose is. The public needs to be taught and hanging a notice in the therapist's office is only somewhat effective. I would say the majority of the public don't even read these notices. A visual advertisement I believe is much more effective." (client survey)

Trends in Insurance Coverage

Respondents who identified they were clients of massage therapy were asked to indicate their current coverage and discuss any changes to their coverage. 166 respondents answered this question with a majority (68%) indicating that they had coverage through insurance. 30% indicated that they did not have insurance and less than 1% of respondents were unsure.



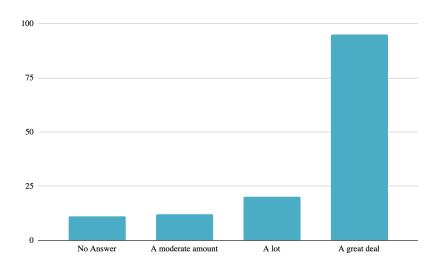
Most individuals (55%) felt there had been no change to their insurance and almost 25% were unsure. 19% of respondents indicated that their coverage had decreased. Hardly any respondents (just over 1%) indicated they had seen an increase in coverage. 58% percent of those insured for massage therapy services indicated they were either 'very

likely' or 'likely' to continue to use services even if the costs were higher than their allowed amount through insurance.

Similarly when RMTs were asked about their client's insurance coverage, 31% felt it had stayed the same in the last five years and 25% felt it had decreased. More RMTs (17%) than clients felt that there had been an increase for client insurance coverage. 27% of RMTs were unsure of how client insurance may have changed in the last five years.

Trust in Massage Therapy

Trust was high amongst clients of massage therapy in the online survey group. 83% of respondents indicated that they had either 'a great deal' or 'a lot' of trust in their Massage Therapist. Only 1 participant (less than 1%) indicated they had no trust in their Massage Therapist.



This response from clients mirrored how RMTs felt about the trust their clients had in them as providers. When asked about the amount of trust they felt their clients had in them as a Massage Therapist, almost 94% felt they had either 'a great deal' or 'a lot' of trust in them. Similarly only 1 respondent (less than 1%) felt that clients had no trust in them as a Massage Therapist.

RMTs and clients were asked to identify how important certain criteria were for establishing trust. Overwhelmingly, the highest rated element, with 92% indicating it was very important, was a RMT that 'seeks input, answers questions, listens, and incorporates feedback into their care'. Having graduated from a program perceived as high quality (77%) and an RMT that is in good standing with the College (76%) were also rated as very important. While 61% of respondents indicated that communication of techniques throughout treatment was very important, 5% indicated that it was not important at all.

Safety in Massage Therapy

The single most important factor for establishing trust was that the Massage Therapist was in good standing with the college. In fact, 100% of client respondents indicated that this was 'very important'. Additionally over 95% of respondents felt that a Massage Therapist who had graduated from a program of high quality was 'very important'.

Similar to establishing trust, 91% of respondents felt that a RMT who 'seeks input, answers questions, listens, and incorporates feedback into their care' was very important in establishing safety. Also highly rated, with almost 90% indicating it was very important, was the need for an open discussion about the treatment plan, including body parts that will be included. 83% also indicated that knowing the practice setting was well maintained and professional was very important in establishing safety.

The identification of product ingredients was deemed the least important in creating safety. with only 34% indicating it was very important and almost 15% indicating it was not important at all.

Interestingly 63% felt that the communication of procedures to reduce transmission of infection was very important and 5% felt that it was not important at all.

Supporting Diversity, Equity, and Inclusion

The online survey asked both clients and RMTs about the diversity, equity, and inclusion issues that need to be considered in the field of massage therapy. The key considerations included:

- **Trauma informed care:** a need for RMTs to be aware of triggers and how to respond in their care with clients.
- **Financial considerations:** consideration of how treatment plans could be adapted to be considerate of the financial capacity of clients. Some individuals in the client survey suggested that training schools could offer free or reduced fee massages to underserved communities to increase access in those areas.
- Increase presence by underrepresented populations in the career field: Individuals suggested that affordability of schooling could be a barrier to certain populations approaching the field. They suggested grants for low income students.

- Comprehensive registry information: Some individuals were either unclear on what information was in the registry or thought that the registry (public register) could be expanded to include information that would inform clients about a RMT (language spoken, preferred pronoun, wheelchair accessibility, and any specialized training (i.e indigenous considerations)).
- **Clear DEI policies:** Individuals emphasized that these policies should be easily accessed and visible on the website.
- **Continuing education:** Some RMTs stressed the need for DEI training integrated into continuing education, particularly for those RMTs who may have graduated prior to a greater emphasis in school in this area.

Technological Trends in the Field of Massage Therapy

Technology in the field of massage therapy represented a divided area amongst respondents with some seeing a great need and opportunity to harness technology and others stressing the hands on nature of the role and preferring to not 'complicate' the practice. In total 1,878 survey respondents provided responses to the question on technological trends.

Some technological trends were seen to have value, including online booking and scheduling, with over 53% of respondents listing that as very important. For those not utilizing online booking and scheduling, a common concern was cyber hacking and security of information. Other RMTs were concerned about being able to control their schedule, particularly when it came to not booking challenging or new clients back to back. Others felt that the booking process was part of relationship building with clients and valued the human connectivity of traditional booking methods.

Similarly, while 45% thought electronic health records were very important, many raised in their comments concerns around cybersecurity. They also raised that online booking platforms and electronic health records had associated costs that reduced their value. They noted this may be particularly true in more rural areas where fees are lower.

Some individuals saw value in technology to encourage innovation in the field of massage therapy. For instance, some saw opportunities to address barriers to accessibility, such as getting on and off of tables. Other RMTs raised the opportunity to utilize biotech and personal medical devices into practice, such as fitbits and other apps. Other RMTs raised that

there could be value in examining the role for technology that increases the longevity by which RMTs can practice by reducing their personal physical wear and tear that comes with treatment.

The use of technology for virtual follow up was rated the lowest with only 18% stating it was very important and 32% indicating it was not important at all. However, for those who saw value in this area they felt that this could be utilized to encourage "self-care lessons" and "self-massage" and to address ongoing concerns for individuals with mild chronic pain. Some individuals also indicated that virtual visits could be utilized during initial consults with new clients.

Threats or Risks for Clients in Massage Therapy

Participants in the interviews and focus groups were asked to discuss what they saw as threats in the field of massage therapy that CMTO should be aware of. Similarly, in the online survey, participants were asked to identify risks for clients that CMTO should be aware of. These themes have been combined and are presented in the section below.

Sexual Abuse and Harassment

Amongst clients and RMTs, exploitation or sexual abuse and harassment came up as a top risk cited for people seeking massage therapy. There was a feeling that more needs to be done on this issue to better protect the public. In the client population surveyed sexual abuse and harassment also arose as a potential risk during treatment.

Some RMTs felt that the CMTO needs to implement a **zero-tolerance policy**.

"In cases of sexual misconduct, there should be a no tolerance policy that is enforceable through the CMTO. The authorities need to be brought in to oversee or take charge of investigations since they have the proper training to do so. " (RMT survey)

"the CMTO needs to have an absolute zero tolerance policy in regards to sexual abuse/misconduct conduct. Therefore, send the allegations directly to the police and stop wasting time, money and the safety of other [clients] while individuals under investigation are allowed to continue to work. "(RMT survey)

Other RMTs felt that while discipline cases were important, greater emphasis needed to be placed on prevention and **training** so that RMTs are better equipped to ensure that client contact is appropriate and that clients are aware of CMTO and their role in protecting them.

"Offer more course and education at both the schooling and continuing education levels on sexual assault prevention." (RMT survey)

"More attention needs to be paid in prevention. As of right now the therapists in good standing are paying the price literally for the mistakes of those that have been allowed to work (unethically) by the College." (RMT survey)

"CMTO can do a better job at protecting RMTs as well as the public from sexual assault awareness and prevention." (RMT survey)

The **sensitive areas form** was seen by many RMTs as a good intention that may miss the mark and there was a perception that CMTO should consider revisiting the value of this form and its ability to protect the public. In fact, some RMTs wondered whether the form itself was a greater risk to the public in that it may prevent reporting and leave people thinking they had consented to whatever activities happened during treatment.

"When clients are forced to sign the sensitive areas treatment forms and then something inappropriate happens during the treatment. The therapist is well aware that they are now protected, under CMTO protocols, by having those forms signed. I think it has created more risk and potential harm by forcing clients to sign those forms in order to have those areas treated. I don't know what the alternative is, but I feel the forms give way too much power/protection to the therapist and not the client, as was intended." (RMT survey)

"I still think the signed consent for sensitive areas puts the patient at an increased risk for abuse. I do not think it helps the patient, it helps a potential abuser." (RMT survey)

"The sensitive area protocols create apprehension in new client base and needs to be reevaluated. It's original purpose is clearly not working and causing distress with new clients especially." (RMT survey)

"Require standardized consent verbiage to be posted and remove sensitive area consent forms; they offer no additional protection for clients and do not reduce Sexual inappropriate behavior" (RMT survey)

"The CMTO spends an inordinate amount of time investigating and monitoring for sexual assault/abuse. The sensitive areas consent is a good idea but the way it's being implemented makes it ineffective. A discussion of sensitive areas and their boundaries should happen at the beginning of the first appointment in order to establish clear boundaries for subsequent sessions. There should be a signed document in every file outlining a [client's] specific boundary lines and preferences. At the moment we are only mandated to bring sensitive areas consent into the conversation if it is warranted in the upcoming session BUT without first establishing what each person's boundaries are (and they are different for everyone) it becomes too easy to cross a line without knowing it in the treatment room. A

discussion at the first appointment with regular follow up establishes trust and keeps the public safe." (RMT survey)

I think we can safely say the sensitive areas written consent form requirement is not enough to stave off incidents of abuse and assault. So this area also needs work." (RMT survey)

"The sensitive area forms makes us look unprofessional as chiro, physio and other allied health care providers do not need to do that. It makes our [clients] uncomfortable." (RMT survey)

Some RMTs suggested that this issue stems from **poorly trained students** and that this is a potential avenue to do more from a preventative perspective.

"I remember when I attended [Name of] College from 1995-1997, there was a student who failed the program repeatedly and he was viewed by several of the female students as a creep. Should it not have been the school's responsibility to act with integrity and not let him repeat after so many times and if there were complaints known about him? Sounds like the CMTO will pass the buck like all kinds of governments who do when not wanting to take responsibility." (RMT survey)

"Take more care in the students you allow in school, screen better. Seems an awful lot of our money is wasted on sexual complaints which I know have to be investigated. Make the sexual perpetrator pay costs if found guilty, I'm tired of paying for them." (RMT survey)

Clients of massage therapy also identified that **CMTO was important** in this area and that from their perception this gave added need for a regulatory body.

"The risk for sexual harassment or assault is a risk. That's why having a regulatory body is mandatory and people should only seek treatment from registered massage therapists." (client survey)

Injury

For clients, the other risk most commonly stated was injury. For clients, there was a concern that **physical injuries** could develop if the RMT is not aware of their particular issue or causing further injury.

"I have osteoporosis so need a massage therapist trained in gentle massage. " (client survey)

"In case of injuries, the risk of further injury or causing an injury. Possibility of causing blood clot to dislodge causing stroke. " (client survey)

"The risks could be physical injuries if the RMT does not know what they are doing as a therapist." (client survey)

Some RMTs commented that some Massage Therapists and clients may subscribe to beliefs that for massage therapy to work it needs to be painful. As a result it was noted that RMTs may be **too aggressive** in their treatment and or that clients may request aggressive treatment.

"There is a lack of understanding of the pain phenomenon and the dominant belief that painful treatment is necessary to alleviate pain. "(RMT survey)

"Trauma from the old impression "No pain no gain". "(RMT survey)

"They will endure a treatment so as not to hurt the feelings of the RMT, which may lead to pain or injury." "(RMT survey)

"Getting an RMT who insists on 'pain is good, actually:)' nonsense." "(RMT survey)

"If an RMT is too aggressive by misunderstanding what "deep" treatment means. The "more pain, more gain" mentality." "(RMT survey)

Most RMTs saw the risk of injury as low and mostly stated that there may be a minor aggravation of existing conditions or minor outcomes from treatment.

"Clients may feel pain or discomfort during or after the treatment. "(RMT survey)

"Muscle soreness, increasing pain." (RMT survey)

"Tenderness the next day, bruising, feeling dizzy/light headed after treatment. "(RMT survey)

Financial Mistreatment

Both clients and RMTs note that clients are at risk of financial mistreatment through overtreatment or upselling.

"Over treated to attain more money "(client survey)

"Opportunistic product selling, up selling of services, or other ways of taking economic advantage of trusting and vulnerable clients." (RMT survey)

But RMTs also noted that a risk to the public is in the inequities related to the costs of the services and that individuals, particularly those in underserved communities, may be denied health care services on the basis that they cannot afford treatment.

"The risk is they realize how beneficial it is but also realize it's not affordable to most middle and lower financial class individuals "(RMT survey)

"Ability to access treatment - due to financial situation (unable to afford). " (RMT survey)

Inability to Discern Best Approach

Some RMTs highlighted that with a lack of clear evidence regarding the difference between RMT and other forms of massage, clients may not truly understand the differences and as a result may not be able to make an informed decision for their care. Some questioned what the differences really were, wondering whether there was an evidence base to distinguish the two. They felt that if there was, that the public needed to be made more aware.

They highlighted that, particularly for individuals seeking treatment outside of an insurance claim, they may not understand or be aware if they are getting treatment from an unregistered individual.

Confidentiality and Privacy

Some RMTs noted that confidentiality and privacy were a concern. They highlighted data breaches and cyber security issues as a growing concern, particularly with the move to more technological means being embraced by the industry.

Lack of Trauma Informed Care

Some RMTs acknowledge that the very nature of touch can be triggering for clients. They highlighted what they described as a lack of trauma informed care and or mental health awareness. They identified that for some clients with a previous history of trauma or abuse, RMTs should be prepared for how to respond or provide appropriate levels of care. Additionally they should be educated on how to respond to negative or unforeseen reactions during treatments.

Out of Scope Health and Wellness Advice

Some RMTs noted that there is a risk for clients of visiting a Massage Therapist who goes outside of scope and provides advice that is perhaps not evidence based or that is financially motivated. They stressed that clients may not understand the scope of practice of a Massage Therapist and misunderstand the evidence attached to that advice.

"Therapists who cross boundaries as set out by our college. Therapists who treat outside of our scope of practice. ie selling supplements as part of a MLM (ie. nutrition, supplements). Rmts using non evidence based techniques without fully understanding the contraindications (ie. essential oils)" (RMT survey)

"MTs who use unproven or "alternative" modalities (i.e. "energy" techniques), can encourage clients to avoid actual therapies that could help them for serious (or mild) conditions thus harming them needlessly." (RMT survey)

"offering psychological advice" (RMT survey)

No Risks in Hands of Professional

A vast majority of clients and RMTs felt that in the hands of a trained professional, there were no significant risks to the client. In fact, over 100 responses in the online survey indicated that there were no risks. The role of the regulatory body was seen as important here. They felt that as long as protocols, open communication, and good training were in place that risks would be minimal.

"None if the therapist is ethical and well-trained." (RMT survey)

"None, if there's trust between therapist and client, client is fully informed and understands everything that was discussed during intake." (RMT survey)

"None whatsoever" (client survey)

"None. There are so many laws and rules protecting the clients and none protecting the therapists. The CMTO mandate should be expanded to provide equal responsibility and treatment of clients and RMTs." (RMT survey)

Some RMTs also noted that it is critical that clients are also open and honest about medical history as part of intake to ensure the risk of injury is minimal and the treatment is appropriate.

A Decline in Professionalism and Value Proposition of Regulation for RMTs

Some RMTs expressed concern about whether there would be a trend in seeing fewer RMTs. They questioned the number of people wanting to work in a physically demanding field. They highlighted that they felt many RMTs were burned out and leaving the profession. Increasing fees were also referenced as part of this concern with some wondering whether it would act as a barrier to practice. Others felt that it would be increasingly difficult to make a living in this field.

Some individuals felt that there is a temptation in the field to what they described as fraud or near fraud. There was a suggestion that professionalism may erode with increasing fees as it is harder for RMTs to afford to practice or if more RMTs move out of regulated practice.

Added to this was that some RMTs suggested that a threat to the College may be the RMTs understanding of the value of regulation. They suggested a survey of the profession and enhanced evidence about the value of seeing an RMT may help enforce this proposition.

The Impact of the Economy and Inflation

Some RMTs highlighted that they were concerned about rising costs and the subsequent impacts on insurance. They were concerned that the divide of who can access treatment may deepen, with access only for the wealthy.

Emerging Trends and **Opportunities in Massage Therapy**

Individuals were asked to identify some emerging trends in massage therapy within the online survey completed mostly by RMTs and clients. Stakeholders participating in interviews and focus groups were also asked to identify opportunities in the field of massage therapy that CMTO should be aware of. The key themes have been combined in the section below.

Massage Therapy Seen as a Valid Player in Health Care

Most RMTs felt strongly that it was important that massage therapy be seen as having a valid role within the health care and preventative health system. Some expressed that they felt this was where things were headed and that post-pandemic people have 'woken up to the importance of wellness'.

Individuals highlighted a need for more integrated infrastructure which includes increased collaboration between physicians and RMTs. Some highlighted the need for more referrals from physicians and alternatively referrals to physicians from RMTs. They also highlighted that this could be extended to other systems including chiropractic, physiotherapy, etc., There was a need expressed to be seen as more than a relaxing, luxury service, but a critical element of a healthcare plan.

Central to this belief was a need for HST to be removed. This was emphasized by a large number of RMTs who discussed a need to eliminate HST or integrate massage therapy into OHIP services. Many of these RMTs wondered how CMTO could support in achieving this.

"wellness approaches are very important - integration of massage therapy into treatment of chronic disease and mental health management"

"preventative care - helping people stay out of other health care needs"

"By removing economic (HST) barriers and jurisdictional restrictions will make access to services easier for clients and the profession more lucrative for lower income (the more often disadvantaged and visible minority groups) earners."

"Removal of HST from our services as we are health care providers would help reduce cost barriers for people."

Infection Control

The COVID pandemic highlighted an increased need for infection control in the field of massage therapy. Most RMTs felt that Massage Therapists had done a very good job in terms of controlling the spread of COVID-19. As a result, clients have felt increasingly comfortable using massage therapy throughout the pandemic. Some RMTs highlighted that this is not going to go away, in that clients have come to expect a higher standard of cleanliness and protocols. They also note that there are other emerging infectious diseases that are important to continue to protect both themselves and their clients from spreading.

"move forward while keeping your eye on things (infection control - i.e. monkeypox - all of these pieces are important for public trust and safety"

Mental Health

Mental health was one of the most frequently cited emerging trends amongst RMTs. This was mentioned with respect to clients and RMTs alike. RMTs noted that there is a need for trauma-informed care and that RMTs understand triggers for clients and how to respond. They noted that clients may seek massage therapy as part of stress relief and anxiety reduction and that they may use these opportunities to vent, open up, share, and emote. They emphasize that RMTs need to be prepared for these situations in practice and how to best support clients.

"Free online courses for dealing with everyday issues in practice..clients with depression/mental illness etc."

"Increasing partnerships with other HCP regulators to help the public deal with mental health, opioid and chronic pain crises. You can do more than just reactively help the public have recourse when something inappropriate has happened, but be of service to the public."

"The pandemic has created a rise in mental health struggles - as RMT we need to be aware and understand the signs to ensure a client is safe on our table."

Working from Home

Some individuals felt that the move to working from home in response to the pandemic has led to an emerging trend. In some cases, people felt that flexible work models and working from home allowed clients to access care when they needed it without the strict schedules of office work. They also indicated that work from home has led to an increased need for visits with poor ergonomic conditions with individuals sustaining injury and tension related complaints.

Mobile Practice of Massage Therapy

Similarly, the pandemic has emphasized a need for more mobile practice. They indicated that some clients still feel more comfortable receiving services at home. They noted that this also is helpful with respect to an ageing population and/or the delivery of services in long-term care facilities. It also provides flexibility with respect to clients who have limited mobility and so alleviates a barrier to access in that sense. Some RMTs identified that guidance on price suggestions would be helpful in that mobile practice carries a different set of costs.

Specialization by Massage Therapists

RMTs discussed an interest in opportunities for upward movement, distinction, and specialization in the field of massage therapy. They emphasized this could be by modality, pain specialty, or combination designations. Some RMTs expressed an inability to progress and grow from a career perspective.

"Massage Therapists who specialize in treating chronic pain could have their own specialized clinics."

"It would be great if each Therapist had a niche and then I could refer a client with a specific request/requirement to the best therapist for them. (similar to specialist doctors)"

"Schools should be encouraged to guide students into a specialization and provide the education to achieve it."

Long-COVID

RMTs noted that they are increasingly seeing clients who are visiting with chronic issues related to post-covid symptoms. In these instances, Massage Therapy treatment was being sought for both stress relief and the management of other clinical chronic symptoms.

A Health Conscious Society

Individuals highlighted that there is a general move in society toward a focus on health and wellness. Many RMTs expressed that clients are prioritizing health and wellness and using massage therapy for prevention and ongoing management, which is a trend they anticipate continuing. Some RMTs felt this was an area that could be harnessed in awareness raising campaigns by the CMTO.

Embracing New Approaches and Modalities of Practice

Some RMTs felt that there was a need to adapt the Scope of Practice and embrace new approaches to practice. This was also emphasized in some of the stakeholder interviews. Some individuals saw this as one way to provide opportunities for specialization and others felt that not including these modalities was an outdated approach that did not acknowledge client needs and demands. They also indicated that there was a need to treat the body as a whole, not just what hurts.

Some of these modalities included: skin rolling, cupping, passive stretching, tarps release, somatic work, energy medicine, instrument assisted release, psychedelic assisted therapy, use of cannabis, pain science, and reiki therapy.

At the same time, others stressed a need for a cautious approach and were concerned that some of these approaches took the practice of MT toward pseudo science; the need for evidence based research supporting the effectiveness of MT was seen to be important.. Other RMTs highlighted that the integration of new modalities into practice can be costly.

Appendices

Appendix A: Online survey questions

Note: Based on skip logic through survey monkey participants may have seen questions appear in a different order than how they appear below.

Thank you for participating in our survey. The purpose of this survey is to learn more about Massage Therapy. This includes understanding the experiences of those using Massage Therapy services, those working as Registered Massage Therapists (RMTs), and other stakeholders.

Your participation in this survey is completely voluntary and you may end the survey at any time. Completing this survey should take about 5 minutes.

Your responses will be <u>anonymous</u> and used to inform internal strategic planning for the College of Massage Therapists of Ontario (CMTO).

Your input is important to us.

| * 1. Do you have insurance coverage for Massage Therapy? |
|---|
| ○ Yes |
| ○ No |
| Unsure |
| |
| |
| * 2. Has your insurance coverage for Massage Therapy changed over the past 5 years? |
| Yes, it has increased |
| Yes, it has decreased |
| ○ No |
| Unsure |

| st 3. If the cost of your Massage Therapy service | s was higher than your allocated amount from |
|--|---|
| insurance, how likely would you continue to use | the services? |
| ○ Very likely | Very unlikely |
| Likely | Unsure |
| Unlikely | |
| | |
| * 4. If you recently received a massage from | a Registered Massage Therapist (RMT), please |
| indicate how satisfied you were with the tree | atment you received. |
| Very Satisfied | Very Dissatisfied |
| Satisfied | ○ NA |
| Dissatisfied | |
| | |
| | |
| * 5. When you use Massage Therapy service | s, how frequently do you see the same Massage |
| Therapist? | s, now frequently do you see the same Massage |
| All the time | Not very often |
| Most of the time | Never |
| O Some of the time | None of the above |
| | |
| | |
| * C. TATh and do you tomically access Manager | Th |
| * 6. Where do you typically access Massage | |
| Independent Registered Massage Therapist (office location) | Massage therapy chain location |
| Independent Registered Massage Therapist | Spa location |
| (home clinic) | |
| Multi-disciplinary clinic | |
| Other (please specify) | |
| | |

| * 7. How likely are you to get a massage in | the next 6 months? |
|--|---|
| ○ Very likely | Somewhat unlikely |
| Likely | Unlikely |
| O Somewhat likely | Very unlikely |
| | |
| * 8. Where do you practice Massage Therapy? | |
| Independent Registered Massage Therapy (office location) | Massage Therapy chain location Spa location |
| Independent Registered Massage Therapy (home clinic) | O -1 |
| Multi-disciplinary clinic | |
| Other (please specify) | |
| | |
| I do not currently practice | |
| | |
| | |
| * 9. How many years have you practiced Massa | age Therapy? |
| less than 1 | 16-20 years |
| 1-5 years | 21-25 years |
| 6-10 years | more than 25 years |
| 11-15 years | Not applicable |

In this section we are asking a series of questions to learn more about you. In the spirit of diversity, equity, and inclusion we want to ensure we are capturing the unique perspectives of those who use and work in the field of Massage Therapy. This information will be used to inform the strategic direction for the College of Massage Therapists of Ontario (CMTO).

| * | 10. Tell us your age | | |
|---------|--|---------------|-------------------------------------|
| | 20 and under | 51-60 | |
| | 21-30 | 61-70 | |
| | 31-40 | 71+ | |
| | 41-50 | Prefer | not to answer |
| | | | |
| | | | |
| * | 11. Let us know where in Ontario you are loc | ated by th | e first letter of your postal code. |
| | K (Eastern Region) | _ | estern Region) |
| | L (Central and South Region) | | rthern Region) |
| | M (Toronto Area) | | |
| | Other (please specify) | | |
| | | | 7 |
| | | | |
| | | | |
| * 12 | . Gender may influence our experiences with | n health se | rvices. Which of the following best |
| desc | cribes your current gender? | | |
| \circ | Female | | |
| \circ | Male | | |
| 0 | X - (not directly associated with male or female, incluand/or Binary people. CMTO recognizes that there munique gender experiences, including those of the LG $$ | ay be more to | erms that represent the diverse and |
| | | | |
| | Prefer not to answer | | |
| | Trefer not to answer | | |
| | | | |
| | | | |
| * 13 | . Sexual orientation may influence our exper | ience with | health services. Which of the |
| follo | wing best describes your current sexual ori | entation? | |
| \circ | Heterosexual/Straight | | |
| \circ | Gay/Lesbian | | |
| \circ | A sexual orientation not listed here | | |
| | | | |
| | Prefer not to answer | | |

| influ | . In our society, people may be described by tence the experiences of services in the head describes you? Check all that apply. | | | _ |
|---------|--|--------|--|--|
| * 15 | Black (African, African Canadian, Afro-Caribbean descent) East Asian (Chinese, Japanese, Korean, Taiwanese descent) Indigenous (First Nations, Inuk/Inuit, Métis descent) Latin American (Hispanic or Latin American descent) Middle Eastern (Arab, Persian, West Asian descent) South Asian (South Asian descent e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan) | | ndon Asian White Anoth Do no | east Asian (Cambodian, Filipino, esian, Thai, Vietnamese, or other Southeast descent) (Caucasian/European descent) er category not listed t know r not to answer |
| belo | • | ore ta | 103 1 | ast year: Select one from the list |
| \circ | Under \$29,000 | ○ Ве | twee | n \$100,000 and \$149,999 |
| \circ | Between \$30,000 and \$49,999 | O ov | er \$1 | 50,000 |
| \circ | Between \$50,000 and \$69,999 | _ Do | not l | know |
| 0 | Between \$70,000 and \$99,999 | O Pr | efer r | not to answer |
| * 16 | . Tell us about yourself. Are you a: | | | |
| 0 | Registered Massage Therapist (RMT) |) St | udent | t in a Massage Therapy Program |
| \circ | Client of a Registered Massage Therapist |) St | aff M | ember at another Regulatory College |
| \circ | Representative of a Professional Association | ○ Go | vern | ment or a Government Agency Employee |
| \circ | Massage Therapy Educator (but not an RMT) | | | |
| \circ | Other (please specify) | | | |
| | | | | |

| * 17. When you red have in your Massa | | ierapy services, plea | ase rate the overall | level of trust you |
|---|------------------|--|-----------------------|-------------------------|
| A great deal | | ○ A lit | ttle | |
| A lot | | | ne at all | |
| A moderate amou | ınt | | | |
| | | | | |
| | | | | |
| * 18. When a client you feel they have | | ge Therapy services assage Therapist: | , please rate the ov | verall level of trust |
| A great deal | | ◯ A lit | ttle | |
| O A lot | | ○ Non | ne at all | |
| A moderate amou | ınt | | | |
| | | | | |
| * 19. For each state | ment below pleas | se indicate how impo | ortant each is in est | tablishing trust |
| during Massage The | erapy services? | | | |
| | Very Important | Somewhat Important | Not Important at all | Unsure |
| Registered Massage Therapist (RMT) has graduated from a program certified as high quality | 0 | 0 | 0 | 0 |
| Experience level of RMT | 0 | 0 | 0 | 0 |
| The RMT is in good standing with the College of Massage Therapists of Ontario | 0 | 0 | 0 | 0 |
| Clearly explained treatment plan | \circ | \circ | \circ | \circ |
| Communication of techniques and procedures during Massage Therapy appointment | 0 | 0 | 0 | 0 |
| The RMT seeks input, answers questions, listens, and incorporates feedback into their care | 0 | 0 | 0 | 0 |

| * 20. | For each | statement | below pleas | e indicate l | how i | mportant | each is | in helping | a clier | it feel |
|-------------|-----------|------------|-------------|--------------|-------|----------|---------|------------|---------|---------|
| <u>safe</u> | with a Re | gistered M | assage Thei | apist (RM | Γ)? | | | | | |

| | Very Important | Somewhat Important | Not Important at all | Unsure |
|---|----------------|--------------------|----------------------|--------|
| Open discussion about the treatment plan (including body parts that will be treated) | 0 | 0 | 0 | 0 |
| Open discussion about how body parts will be covered and/or uncovered during treatment | 0 | 0 | 0 | 0 |
| Knowing that the practice setting is well maintained and professional | 0 | 0 | 0 | 0 |
| Communication of procedures to reduce transmission of infections | 0 | 0 | 0 | 0 |
| Identification of product ingredients | 0 | 0 | 0 | 0 |
| Environment and atmosphere of room (e.g., music, lighting, aroma) | 0 | 0 | 0 | 0 |
| RMT seeks input, answers questions, listens, and incorporates feedback into their care | 0 | 0 | 0 | 0 |

| つ | 1 | Heina | tha | comment | hovi | halow | nlasca | ancwar | tha | following | TOT | action. |
|---|----|--------|-----|-----------|------|--------|--------|--------|-------|-----------|-----|---------|
| ~ | т. | CSILIG | unc | COMMISSIO | DUA. | Detow, | prease | answer | uic . | TOHO WILL | 4 Y | acsuon. |

| In your opinion, w Therapy? | that could be done to support | rt diversity, equity, | and inclusion in Massage |
|--------------------------------|-------------------------------|-----------------------|--------------------------|
| Therapy: | | | |

| 22. Using the comment box below, please answer the following question: |
|--|
| In your opinion, what risks exist for clients in receiving Massage Therapy treatment? |
| |
| |
| |
| 23. In Ontario, Massage Therapists are overseen by a regulatory body, the College of Massage Therapists of Ontario (CMTO). CMTO develops standards and rules for Registered Massage Therapists (RMTs) to protect the public interest. It also investigates (and can take action on) concerns about RMTs. |
| In your opinion, what else do members of the public or RMTs need from CMTO? |
| |
| |
| |
| * 24. In Ontario, Massage Therapists are overseen by a regulatory body, the College of Massage Therapists of Ontario (CMTO). CMTO develops standards and rules for Registered Massage Therapists (RMTs) to protect the public interest. It also investigates (and can take action on) concerns about RMTs. |
| Are you aware of the College of Massage Therapists of Ontario (CMTO)? |
| Yes |
| ○ No |
| |
| * 25. Do you make use of the services from the regulator? For example, the College of Massage Therapists of Ontario (CMTO) has a list of all the Registered Massage Therapists in Ontario with their education and any concerns about conduct. |
| Yes |
| ○ No |
| I was not aware of these services |
| Other (please specify) |
| |

| * 26. In your opinion, how important | is a regulatory body for Massage Therapy? |
|--|--|
| Extremely important | Not so important |
| ○ Very important | Not at all important |
| Somewhat important | |
| | e your confidence in receiving competent and |
| professional treatment from a Massag | ge Therapist? |
| A great deal | A little |
| A lot | Not at all |
| A moderate amount | |
| Yes, treatments have increased Yes, treatments have decreased No, there has been no change | |
| * 29. Would you say that client insura the past 5 years? | ance coverage for Massage Therapy has changed over |
| Yes, it has increased | |
| Yes, it has decreased | |
| No, it remained the same | |
| Unknown | |
| ~ | |

| * 30. Looking into the future, what technological services will be important for Massage Therapy services. | | | | |
|--|-------------------------|-------------------------|--------------------------|------------|
| Therapy services. | Very Important | Somewhat Important | Not Important at all | Unsure |
| Online booking and scheduling | 0 | 0 | 0 | 0 |
| Use of technology for virtual follow up | \circ | \circ | \circ | \circ |
| Direct insurance billing | 0 | 0 | 0 | 0 |
| Mobile friendly/app services for booking | \circ | \circ | \circ | \circ |
| Electronic health records | 0 | 0 | 0 | 0 |
| Other (please specify) | | | | |
| | | | | |
| 31. What do you see influence the future | | | Therapy that will (o | or should) |
| Thank you for participat 32. Would you be Massage Therap | e interested in beir | ase stay connected by v | | |
| No, thank you | | | | |
| Yes I would be | interested (please list | your name and email a | ddress in the space belo | ow) |

Appendix B: Sample Interview script

Introduction

The College of Massage Therapists of Ontario is currently engaging in a strategic planning process. To inform this strategic planning process it is important that CMTO hear from a variety of stakeholders about the field of Massage Therapy and the experiences of clients as well as RMTs. This interview aims to understand your perspective on the future of regulation of Massage Therapists in Ontario, trends, and risks to the public moving forward.

The interview will take approximately **45 minutes**. I will take note of your comments throughout the interview and use a transcribing process for accuracy. However, no remarks will be directly attributed to any one individual, so please be as candid as you can.

The results of these interviews and focus groups will be used in the strategic planning process currently underway.

Introductory Questions

| 1. | Let's begin by telling me your name(s) and role(s) related to the College of Massage Therapists of Ontario. |
|----|---|
| | |

Strengths and Areas to Develop Related to the Regulation of Massage Therapy

- 2. With respect to the role of a health profession regulator such as CMTO, tell me a bit about what is working related to the regulation of professionals? What about in the field of massage therapy more broadly?
- 3. What about areas to develop? Is there more that CMTO could be doing or areas that could be strengthened?

Future State

4. Starting with opportunities (these tend to be things that are outside of our direct control but that we should be aware of and then can leverage). What opportunities exist in the field of Massage Therapy that CMTO should be aware of? (for example this could be technological, new approaches, client considerations, etc.,)

| 5. | If we shift to threats (these tend to be things that are outside of our direct control but that we should be aware of so that we can work proactively to address or prevent). What are the biggest threats or risks facing Massage Therapy clients that CMTO should be aware of? (for instance, we know that some issues may include mental health, sexual abuse, insurance challenges, etc.,) |
|----|--|
| | |
| 6. | If you were to advise CMTO on 3 top areas that their strategic planning should focus on, what would those areas be? |
| | |
| | |
| | |
| | Comments Is there any other advice you would like to offer as they embark on the strategic planning process? Any final questions before we close out? |
| | |
| | half of the CMTO I would like to thank you for your participation and supporting the nic planning process. |

Appendix C: Sample Focus group script

Introduction

The College of Massage Therapists of Ontario is currently engaging in a strategic planning process. To inform this strategic planning process it is important that CMTO hear from a variety of stakeholders about the field of Massage Therapy and the experiences of clients as well as RMTs. This interview aims to understand your perspective on the future of regulation of Massage Therapists in Ontario, trends, and risks to the public moving forward.

The interview will take approximately **90 minutes**. I will take note of your comments throughout the interview and use a transcribing process for accuracy. However, no remarks will be directly attributed to any one individual, so please be as candid as you can.

The results of these interviews and focus groups will be used in the strategic planning process currently underway.

Welcome and overview of focus groups

- Introduction
- Review zoom functioning and participation
- Brief focus group norms

Brief introductions

Name and program

Strengths

1. With respect to the role of a health profession regulator such as CMTO, tell me a bit about what is working related to the regulation of professionals? What about in the field of massage therapy more broadly?

To Develop

2. What about areas to develop? Is there more that CMTO could be doing or areas that could be strengthened?

| Opportunities 3. What opportunities exist in the field of Massage Therapy that CMTO should be aware of? (for example this could be technological, new approaches, client considerations, etc.,) |
|---|
| |
| Threats What are the biggest threats or risks facing Massage Therapy clients that CMTO should be aware of? (for instance, we know that some issues may include, sexual abuse, insurance challenges, etc.,) |
| |
| Final Comments |
| |