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Reflections on a Recent Presentation by Ian Kamm, RMT

by Bruce McKinnon ’90

As a teacher at Sutherland-Chan, I find myself in the building often enough, but it’s always a pleasure to show up for other reasons as well.

The Alumni Relations Committee sponsors events periodically and I was fortunate to attend a free lecture presented by fellow instructor and RMT, Ian Kamm ’97. These lectures typically draw 50-60 people and this was no exception. We gathered to hear Ian’s insights into several issues/concerns/developments that have come from 25 years of regulation under the College of Massage Therapists of Ontario.

My own history as a massage therapist predates the formation of the CMTO. When I became an RMT in 1990, my certificate of registration was issued by what was then known as the Board of Directors of Masseurs, under the auspices of the Drugless Practitioners Act, and came with the conferred title of “masseur.” Glamorous moniker, eh?

But times have changed and it has been years since anyone has called me a “masseuse.” In 1991, the Regulated Health Professions Act (RHPA) became law. Under this new legislation, massage therapy gained the right to self-regulation and in 1994 the College of Massage Therapists of Ontario (CMTO) was established as our regulatory body. With regulation came responsibility, and a framework of operational considerations was established to guide us: Standards of Practice, a Code of Ethics, the Quality Assurance Program, etc.

Other advantages came with self-regulation, including exclusive use of protected titles. The cachet of being recognized as a health care profession afforded us legitimacy and, although massage is not covered by the provincial health care plan, insurance companies have long offered extended benefits coverage for massage therapy treatments provided by RMTs.

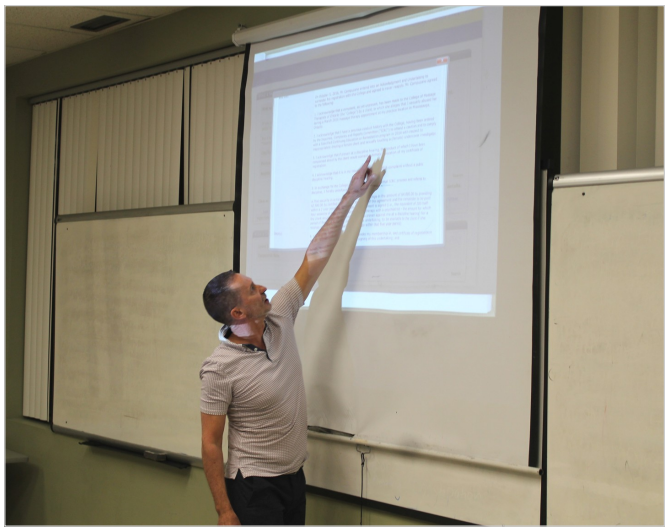
But self-regulation costs money and this year we were faced with a significant registration fee increase. This led, predictably, to outcries on social media – a recurring echo was, “What are they doing with all that extra money?” The CMTO has justified the increase as necessary to deal with an escalating volume and complexity of complaints involving RMT behaviour. Ian lamented that, owing to a time lag in financial reporting by the College, we may not have any information about how and where this money has been spent until mid-2020.

Ian highlighted two major categories of complaint: sexual abuse and insurance fraud. The results of disciplinary proceedings undertaken by the CMTO are posted on the College website (imagine your

name, online, forever...). Ian offered an analysis of trends, gleaned from his detailed sifting through over 100 reports spanning the past eight years. Some interesting statistics were presented. For example, while the overwhelming majority of sexual abuse is committed by men, women are responsible for slightly more than half of the cases of insurance fraud.

Insurance fraud cases include those where a MT knowingly issues a false receipt (perhaps 'back-dated' to help a client use all their benefits, or for some other reason) as well as situations where a treatment is provided by a non-registered individual, but the receipt issued bears the name and registration number of a real RMT. Ian noted that as more insurance companies shift to electronic filing, fraud should become easier to detect through the use of computer algorithms – red flags begin to wave when the program detects a pattern shift (did you really need those four massages last week?).

While the CMTO views sexual abuse broadly, Ian offered an interesting sub-division of the data by breaking out cases of 'inappropriate touch' (hands straying where they should not, in ways they should not) versus cases of 'concurrent relationship' (inappropriate therapist/client relationship).



With regard to sexual abuse, one area identified as being in need of clarification involves treating your spouse/romantic partner. Contrary to what is in the RHPA, this is viewed as sexual abuse by the CMTO. Ian noted that the wording is vague and confusing and seems to imply that you can treat your partner as long as they are not a client, yet 'client' remains undefined by the CMTO in this standard.

While these data and trends are interesting to note, issues around preventive education and deterrence would seem to be paramount. How do we get the message out that sexually interfering with clients and scamming insurance companies are crimes? And how do we empower our clients to speak up? Schools are certainly involved, but for therapists who have been in practice and away from school for a long time, continuing education workshops and ongoing learning opportunities are essential to our being able to stay current and develop skills.

Unfortunately and quite suddenly, the CMTO disbanded their previous Continuing Education Unit (CEU) requirement scheme in favour of a revamped self-directed learning plan that is still in development a year later. Under the proposed new plan, goals must be specific, measurable, attainable, relevant and time-dependent. How these criteria will be assessed remains to be seen.

Another consequence of this shift is that therapists are no longer required to read and respond to the mandatory CEU articles that appeared in the CMTO publication *TouchPoint*. This is unfortunate, as these articles were a means to deliver critical information to all therapists in an accessible and timely manner. The information is still sent to us, but without the motivation of CEU credits for participation. The CMTO has suggested that some of our continuing education will need to follow a prescribed theme each year, but specific details of this have still not been released.

Further, the incentive for therapists to actually go outside and take a workshop or interact with their peers has been diminished. While taking workshops was always optional, many RMTs felt it was a safe way to be sure their CEUs would be accepted. I fear that in the absence of the carrot, fewer therapists will want to follow the stick. This trend can be evidenced by the major enrolment drop-off noted by continuing education providers.

Many RMTs felt their voices were ignored by the CMTO when we were asked for our opinions about treating the so-called "sensitive" areas of the body. For my own part, I submitted lengthy comments and was left feeling ignored when the College failed to consider my thoughtful insights and went ahead to implement the signed special consent protocol. The feedback from clients about these forms has generally not been favourable. Many view it as an ongoing inconvenience, while others have expressed that by signing, they feel they have relinquished their right to file a complaint, in spite of the fact the whole process was meant to offer better protection against sexual abuse.

It is clear that there is room for improvement and that as therapists, we need to strengthen our relationships and engagement with the CMTO. As a case in point, Ian noted the fact that for the recent council elections, 6 of 7 vacancies went uncontested and were filled *by acclamation*. This would seem to demonstrate a low level of interest in participation. Have we given up?

Ian posed some interesting questions as food for thought and fodder for further discussion. Could we survive without the CMTO and self-regulation? Would we want to? Therapists working in non-regulated provinces seem to be coping and insurance companies are willing to fund treatments in these jurisdictions, though it can be argued that public safety may be compromised in the absence of more stringent oversight.

Ian stressed the importance of our participation, in part because it helps the CMTO stay connected to realities "on the ground." He urged us to be active in our profession. When the CMTO sends out a survey, respond to it! Attend an open house and let your opinions be known. While you may feel that your views or opinions go unrecognized, engagement in the process is crucial. He suggested another way to be active is to join the RMTAO. There are many regional and local community-based networks already in place where therapists can gather to mull the issues and exchange information.