

SUBMISSION BY
THE SHIATSU THERAPY ASSOCIATION OF AUSTRALIA



RECOMMENDATIONS AND REASONS SUPPORTING THE RETENTION OF SHIATSU REBATES

Shiatsu Therapy Association of Australia Inc.

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INTRODUCTION

The Shiatsu Therapy Association of Australia (STAA) on behalf of its professional members and client-base seeks to convey its concern about:

- the Reform 11 proposal contained in *A New Tax System (Medicare Levy Surcharge - Fringe Benefits) Amendment (Excess Levels for Private Health Insurance Policies Bill*, and
- the consequential removal of shiatsu rebates contained in the Exposure Draft subordinate legislation *Private Health Insurance (Reforms) Amendment Rules 2018*.

Removing coverage for shiatsu constitutes an oversight that is not based on sound analysis.

STAA believes that before removing coverage, well-supported impartial evidence must be provided by the Government or its advisory expert body to the effect that shiatsu is somehow dangerous or different from other natural therapies that are still given rebate coverage, such as massage therapy and acupuncture.

Acupuncture and shiatsu both derive their theoretical knowledge and clinical practice from Traditional Chinese Medicine. Moreover, shiatsu (literally, 'finger pressure' in Japanese) is a form of acupressure and can be accurately categorised alongside massage therapies.

The following are STAA's recommendations regarding Reform 11 when considering shiatsu.

RECOMMENDATIONS

1. Restore rebates for **shiatsu therapy by placing it within ‘massage therapies’**
 - a. Recognise shiatsu as a form of **acupressure** with ‘therapeutic massage’ as currently delivered in the Australian Health Training Package (HLT52215) and as described in academic literature.
Refer Appendix 3: Table Correlation of Competencies for Shiatsu and Remedial Massage Training
 - b. Recognise shiatsu as a form of acupressure based on the principles of **Traditional Chinese Medicine (TCM)** as classified by the World Health Organisation (WHO)¹ and as currently delivered within the HLT52215.
2. Retain **accountability** by Government for shiatsu practice under the current form of regulation via health fund recognition.
3. Disclose full **economic evaluations** as expected from the implementation of Reform 11.
4. Provide **funding** for high quality Australian research into the safety, efficacy and extended (including economic) benefits of shiatsu therapy within the broader health ecology in Australia.

1 WHO classification of Shiatsu: 3255 Physiotherapy technician, Physical rehabilitation technician, Acupressure therapist, Electrotherapist, Hydrotherapist, Massage therapist, Shiatsu therapist. This category includes occupations for which competent performance usually requires formal training in physical rehabilitation therapy or a related field.

http://www.who.int/hrh/statistics/Health_workers_classification.pdf?ua=1&ua=1

REASONS FOR RECOMMENDATIONS

1. Restore rebates for shiatsu therapy with 'massage therapies'

- a. Under Reform 11, exceptions to listed natural therapies are Traditional Chinese Medicine, and chiropractic and massage therapies. As stated above, shiatsu is acupuncture based on the principles and proven knowledge system of Traditional Chinese Medicine. We note, in June 2017, the Department of Health's webpage included shiatsu within 'massage therapies' and only later separated them without explanation.

We also note, the *Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance 2005* (the Review) did not only focus on remedial massage, but a range of massage therapy forms were considered in the overview, including: remedial massage, sports therapy massage, deep tissue massage, myofascial release, therapeutic massage, myotherapy, lymphatic drainage, traditional Thai massage and Swedish massage.

STAA would like clarification on why some traditional massage forms are included (e.g. Thai, Swedish) but the traditional Japanese form - shiatsu - is not?

- b. The Review did not recognise the **link between shiatsu and acupuncture or shiatsu and TCM** despite references to all of these therapies within the Review itself², the Health Training Package³ and existing academic research on shiatsu⁴.

For example:

- i. The Review describes 'trigger-point therapy' (a recently introduced term) under 'Remedial massage' as '*similar to shiatsu or acupuncture*'⁵.
- ii. A 2011 systematic review stated that 'Shiatsu, similar to acupuncture, uses finger pressure, manipulations and stretches, along Traditional Chinese Medicine meridians...'⁶
- iii. In HLT52215 shiatsu students are trained in the anatomical location, functions and uses of over 150 acupuncture points on the body. Students are also extensively trained in TCM meridian therapy. Therefore, evidence for the efficacy of acupuncture correlates with the efficacy of shiatsu.

2 Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance pp 86–7

3 HLT52215, SHU004 Perform shiatsu therapy health assessments – delivery of this unit includes 65 nominal hours of training.

HLT52215, SHU005 Perform oriental therapies health assessments – 85 hours of training

HLT52215, SHU006 Provide shiatsu therapy treatments – 85 hours of training

4 Excerpt from STAA response to the original report prepared by KP Health: [their] definition and understanding of shiatsu therapy is inadequate; they incorrectly conclude that acupuncture is not a core component of shiatsu therapy. Systematic reviews of randomised controlled trials (RCTs) demonstrating the effectiveness of acupuncture are excluded from their literature search. As a result, a large amount of published evidence in support of shiatsu therapy is not evaluated.

5 Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance pp 86–7

6 N Robinson, A Lorenc, X Liao, *The evidence for Shiatsu: a systematic review of Shiatsu and acupuncture*, BMC Complement Altern Med 11:88 (2011)

- c. There is inconsistency between Reform 11 and the Government approved Health Training Package. The Diploma of Shiatsu and Oriental Therapies (DSOT) (HLT52215) is delivered by registered training organisations (RTOs). DSOT includes: Western and Eastern anatomy and physiology, training to ameliorate a broad spectrum of conditions using shiatsu methods, case research study and a minimum of 200 hours supervised clinical practice. *Refer to Appendix 2 for specific details on HLT52215.*
- d. Training in shiatsu and remedial massage correlate in their Core Competencies, 11 of 28 possible Electives, hours of supervised clinical practice and assessment requirements. *Refer to Appendix 3 for specific details Diploma of Shiatsu and Oriental Therapies HLT52215 and Diploma of Remedial Massage HLT52015.*
- e. The WHO classification⁷ lists the shiatsu therapist in the same category as the massage and acupuncture therapists:
- ‘3255 Physiotherapy technician, Physical rehabilitation technician, **Acupressure therapist**, Electrotherapist, Hydrotherapist, **Massage therapist**, **Shiatsu therapist**. This category includes occupations for which competent performance usually requires formal training in physical rehabilitation therapy or a related field.’
- f. **The Review ignored STAA’s expert recommendations** contained in the KP Health Report *An overview of the effectiveness of shiatsu for clinical condition in humans* which include that:
- i. There be **Academic best-practice recommending inclusion of other research methods alongside RCTs when evaluating complex interventions** such as shiatsu therapy. This led to the exclusion of two well-conducted observational studies on shiatsu therapy outcomes, and RCTs evaluating shiatsu massage used in combination with other modalities as practiced in real life professional clinics.
 - ii. **More high-quality publications and data on the safety, risks and cost-effectiveness of shiatsu therapy be included in the Government-commissioned Review.** The methodology for evaluating used in the *KP Health Report* included a systematic review of RCTs as appropriate for evaluating efficacy. This method is, however, unreliable for evaluating safety best ascertained using observations, such as registries, surveys that record adverse events and published case reports of serious events.
- Therefore, STAA concludes that there is no scientific basis to justify the exclusion of shiatsu from the rebate while retaining Massage therapies and TCM.
- g. **The Government-commissioned Review imposed a narrow timeframe.** STAA claims the narrow timeframe used in the Review (2012-2015) ensured that important research in the field was ignored, and caused exclusion of the sole existing study evaluating cost-effectiveness of shiatsu therapy.

⁷ ISCO, 2008 revision http://www.who.int/hrh/statistics/Health_workers_classification.pdf?ua=1&ua=1

- h. **The Review is now 5 years old and additional evidence has been published.**
Refer Appendix 1.

Therefore, STAA concludes that there is no scientific basis to justify the exclusion of shiatsu from the rebate while retaining massage therapies and TCM.

2. Retain accountability for shiatsu practitioners under the current regime of regulation via health fund recognition

- a. Reform 11 removes the rebate for listed natural therapies while it allows for private health insurers to offer access to them as *'inducements for people to purchase cover.'* STAA is concerned that this will remove regulatory mechanisms for the effective maintenance of safety standards in shiatsu practice (among the other listed therapies) which may reduce or have negative impacts on safety, efficacy, professional standards and complaints handling.
- b. Health funds rigorously audit natural therapy association members. To date STAA has passed all health fund audits. STAA full members must hold an HLT52215 Diploma of Shiatsu and Oriental Therapies qualification, complete annual continuing education and retain current first aid certification and public liability/personal indemnity insurance. Shiatsu practitioners are trained to work within a clearly defined scope of clinical practice. They are bound by STAA Code of Standards and Ethics (*see Appendix 8*) to adhere to this framework. Clients access qualified and compliant shiatsu therapists via the STAA website, word of mouth and public advertising as well as through professional referrals from a wide range of practitioners including doctors, nurses, dentists and psychologists.⁸
- c. STAA notes private health funds in Switzerland, UK, Germany, Canada and Denmark provide rebates for a broad range of natural therapies including shiatsu. Moreover, in these countries with high-quality health systems, shiatsu is applied in hospitals and public health clinics within the broader health system ecology.

⁸ Shiatsu Workforce Survey, Part 1 and Part 2, Strapps E (STAA), Hunter J (NICM) *Pointers*, Autumn and Spring 2017

3. Economic benefits and disclosure

Shiatsu therapy is positioned within a health industry growth area. Clients seek out and return to shiatsu because it effectively manages acute symptoms, for example headaches⁹, sleep problems¹⁰ and depression¹¹. It also provides preventative and self-care and management of chronic pain (*see Appendix 1*). STAA claims shiatsu is a complex intervention and therefore well positioned to deliver cost effective health care complementary to that provided by other health professionals.

These benefits flow to the public in health outcomes and economically.

Furthermore, *Your Health Your Choice* poll results delivered on 22 February 2018, found just 5 per cent of the 3787 poll respondents would continue with their current level of cover if the proposed natural therapies are removed from health fund rebates.¹²

STAA requests full disclosure of projected economic evaluations by Reform 11

- a. Overall, it is not clear how Reform 11 will be a viable ‘cost saving’ measure when there are only costs to Government and savings for insurers (p. 27) calculated and no analysis of additional costs to consumers or business losses for providers.
- b. Reform 11 omits calculations on the long-term impact of removing shiatsu specifically in consideration of the preventive health benefits it confers to clients and society more broadly.
- c. STAA believes the estimated implementation costing of \$5 million would void any real cost benefit of Reform 11 previously estimated at saving \$6 million.
- d. Skills IQ’s 2018 Industry Skills Forecast¹³ for complementary therapies cautions that the reduction in private healthcare rebates may lead to a reduction in the number of people accessing services due to cost and reduce the number of practitioners in the sector due to sustainability and students participating in training. There are four RTOs registered to teach HLT52215 and roughly 300 professional practitioners.

9 [Single-blind, randomised, pilot study combining shiatsu and amitriptyline in refractory primary headaches](#) Villani V, Prosperino L, Palombini F, Orzi F, Sette G *Neurological Sciences* 2017, online, Springer-Verlag Italia 2017

10 [Hand self-shiatsu for sleep problems in persons with chronic pain: a pilot study](#) Brown C, Bostick G, Bellmore L, Kumanayaka D, *Journal of Integrative Medicine*, Vol. 12, Issue 2, pp 94-101, 2014

11 [Shiatsu as an adjuvant therapy for depression in patients with Alzheimer’s disease: A pilot study](#) Lanza G, Centonze S, Destro G, Vella V, Bellomo M, Pennisi M, Bella R, Ciavardelli D, *Complementary Therapies in Medicine*, Vol. 38, pp 74–78, 2018

12 <https://www.yourhealthychoice.com.au/news-features/new-poll-shows-consumers-will-dump-private-health-insurance-if-cuts-for-natural-therapies-go-ahead/>

13 Skills IQ, Industry Skills Forecast – Complementary Health, 2018, p. 7.

https://www.skillsiq.com.au/site/DefaultSite/filesystem/documents/Industry-Skills-Forecasts-June2017/2018%20Drafts/2018%20Complementary%20Health%20Industry%20Skills%20Forecast_Draft%204.1.pdf

4. Provide funding for high quality Australian research into the safety and efficacy of shiatsu therapy

- a. STAA recognises the need for high quality Australian research and is actively developing a long term research plan commencing with case series reports and pre-pilot study designs adhering to best practice academic standards. These include quality of life measures (SAR 12), biomarkers such as blood pressure, height variations and pain reduction scales.
- b. Based on the existing evidence shiatsu is used to assist and alleviate symptoms associated with a range of conditions including pain, stress, low energy and fatigue, injury management and mental health (See Appendix 1).
- c. STAA advocates for a research funding structure to achieve quality shiatsu therapy research in Australia. An example, proposed by Dr Jon Wardle (Head of Regulatory, Legislative and Policy Stream, Australian Research Centre in Complementary and Integrative Medicine), UTS, is for a 'Natural Therapies Research Fund.' This is based on the Danish Chiropractic model where funds are drawn from a percentage of insurance reimbursements (see Appendix 4).
- d. Shiatsu is a complex intervention and evidence-based therapy (see Appendix 5) with a rich historical lineage of proven efficacy. To date, there is no evidence suggesting shiatsu is NOT safe, effective or expensive.

In conclusion, STAA has provided strong evidence to the effect that shiatsu *is* positioned alongside massage therapy and is based on TCM, and there is no scientific evidence to justify its exclusion. Therefore, it should logically be reinstated within the list of therapies that receive private health fund rebate.

STAA believes the Government will, in the end, pay more on health per Australian by discouraging preventative and holistic health care options as complementary components in the overall health system.

There is great potential and already existing and proven benefit for shiatsu to work alongside the medical sector in many of the areas identified (i.e. chronic pain management, anxiety and stress disorders).

The existing small rebate currently works as an incentive to a diversity of Australians who seek to take greater responsibility in their personal health management.

Appropriate funding for research will be a smart investment with greater economic return in productivity and reduced health costs to Government and improved quality of life and wellbeing for ALL Australians.

STAA therefore recommends that the relevant Committee register and adopt the above recommendations before legislation is passed on Reform 11 in relation to shiatsu therapy.

We thank you for considering our submission.

Dorothy Douglas
President

Shiatsu Therapy Association of Australia Inc.

APPENDIX 1

Recent evidence for shiatsu

[Shiatsu as an adjuvant therapy for depression in patients with Alzheimer's disease: A pilot study](#) Lanza G, Centonze S, Destro G, Vella V, Bellomo M, Pennisi M, Bella R, Ciavardelli D, *Complementary Therapies in Medicine*, Vol. 38, pp 74–78, 2018

[Single-blind, randomised, pilot study combining shiatsu and amitriptyline in refractory primary headaches](#) Villani V, Prosperino L, Palombini F, Orzi F, Sette G *Neurological Sciences* 2017, online, Springer-Verlag Italia 2017

[Relieving pressure - An evaluation of shiatsu treatments for cancer and palliative care patients in an NHS setting](#) Browne N, Cabo F, Gabrielli D, Ishii R, Robirosa D, Serra R, *European Journal of Integrative Medicine*, Vol. 8, Issue 4, pp 589-590, 2016

[Zen Shiatsu: A Longitudinal Case Study measuring Stress Reduction in a Child with Autism Spectrum Disorder](#) Burke, *A International Journal of Therapeutic Massage & Bodywork*, Vol. 7, Issue 4, pp 23-28, 2014

[Hand self-shiatsu for sleep problems in persons with chronic pain: a pilot study](#) Brown C, Bostick G, Bellmore L, Kumanayaka D, *Journal of Integrative Medicine*, Vol. 12, Issue 2, pp 94-101, 2014

[Effects of Shiatsu in the Management of Fibromyalgia Symptoms: A Controlled Pilot Study](#) Yuan S, Berssaneti A, Marques A *Journal of Manipulative and Physiological Therapeutics*, Vol. 36, Issue 7, pp 436-443, 2013

[Delivering shiatsu in a primary care setting: Benefits and challenges](#) Pirie Z, Fox N, Mathers N, *Complementary Therapies in Clinical Practice*, Vol. 18, Issue 1, pp 37-42, 2012

[Evidence Reports of Anma-Massage-Shiatsu 2011: 18 Randomised Controlled Trials of Japan Project for the Systematic Review of the Efficacy, Safety and Efficiency of Traditional East Asian Medicine](#) Fuji R, Ogata A, Tsukayama H, Tokutake T (University of Tsukuba), K Tsutan (University of Tokyo) 2011

[Cost-benefit of combined use of acupuncture, shiatsu and lifestyle adjustment for treatment of patients with severe angina pectoris](#) Ballegaard S, Norrelund S, Smith DF, *Acupunct Electrother Res*, Vol. 21, pp 187-197, 1996

[Cost-benefit of combined use of acupuncture, shiatsu and lifestyle adjustment for treatment of patients with severe angina pectoris](#) Ballegaard S, Norrelund S, Smith DF, *Acupunct Electrother Res*, Vol. 21, pp 187-197, 1996

More research can be viewed on the STAA website: <https://www.staa.org.au/research>

APPENDIX 2

Evidence for Traditional Chinese Medicine Theory, Acu-points and Trigger Points with Shiatsu

HLT52215 Diploma of Shiatsu and Oriental Therapies

Diploma of Shiatsu and Oriental Therapies (DSOT), HLT52215, is the qualification required by STAA to practice as a Shiatsu therapist in Australia. It has been developed in conjunction with government body, Skills IQ:

Shiatsu therapy

1. The terms acu-points and trigger points are interchangeable with 'tsubo' (Japanese word)
2. Shiatsu utilises acu-points/trigger points/tsubo as the basis for therapy
3. Acu-points/trigger points/tsubo (including groupings such as back yu points and front mu points) have the same anatomical locations
4. Theory of these points underpins the entirety of Shiatsu as a traditional east Asian and Traditional Chinese Medicine-based therapy
5. Techniques for treating tsubo are based on the controlled application of leaning pressure

Shiatsu training and assessment include:

1. Traditional Chinese Medicine and oriental therapies methods for assessing client health status
2. Western anatomical and physiological information
3. Specific needs client assessment, treatment protocols and applications
4. Supervised clinical practice

SHIATSU THERAPY	COMPETENCY	ELEMENTS
Pressure point/ Tsubo/ acu-point/ trigger point locations and functions	SHU004 Perform Shiatsu therapy health assessments (Nominal Hours 65)	<ul style="list-style-type: none"> • Character and function of tsubo • Back yu points and front mu points
	SHU005 Perform oriental therapies health assessments (Nominal Hours 85)	<ul style="list-style-type: none"> • Point location, tsubo
Pressure techniques	SHU006 Provide Shiatsu therapy treatments (Nominal Hours 95)	<ul style="list-style-type: none"> • Pressure and tsubo techniques use according to client needs • Shiatsu treatment techniques, how to apply them, what effects it might have, and what the contraindications are • Shiatsu pressure and tsubo techniques: used according to client need: use of elbows, feet, knees, ball of thumb and hand pressure techniques
Traditional Chinese Medicine and oriental client health status assessment	SHU001 Work within a framework of traditional oriental medicine (Nominal Hours 90)	<ul style="list-style-type: none"> • Principles and philosophy of oriental therapies framework • Yin and yang, Five elements theory, Five vital substances, Jing Luo, Zang fu, Extraordinary organs, Four methods of diagnosis, Eight principal patterns • Pattern differentiation, Seven emotions
	SHU004 Perform Shiatsu therapy health assessments (Nominal Hours 65)	<ul style="list-style-type: none"> • Principles and philosophy of Shiatsu therapy framework
	SHU005 Perform oriental therapies health assessments (Nominal Hours 85)	<ul style="list-style-type: none"> • Principles and philosophy of oriental therapies framework • Oriental therapies diagnostic techniques and considerations • Five vital substances, jing Luo (meridian channels), zang fu (internal organs) extraordinary organs, six pathogenic influences, pattern differentiation and aetiology • Traditional Chinese Medicine (TCM) pattern differentiation, TCM pulse and tongue diagnosis, Oriental face diagnosis • Develop treatment plan: Bring together eastern and western approaches to pathology • Anatomical or mobility/flexibility assessment • Back and spinal palpation assessment

<p>Traditional Chinese Medicine and oriental client health status assessment (cont.)</p>	<p>SHU005 Perform oriental therapies health assessments (Nominal Hours 85) (cont.)</p>	<ul style="list-style-type: none"> • Relational dynamics within and between human behaviour, anatomy and physiology, pathology and the natural world • Analyse information: consider any available western medical information and incorporate into analysis within scope of own practice • Analyse energetic patterns and differentiate by assessing signs and symptoms • Identify condition according to stage and related implications by applying the eight principles of diagnosis • Identify prerequisites or contraindications to treatment • Use professional judgement to draw substantiated conclusions about treatment needs.
<p>Western anatomical information</p>	<p>SHU006 Provide Shiatsu therapy treatments (Nominal Hours 95)</p>	<ul style="list-style-type: none"> • Back shu/front mu diagnosis areas for treatment
<p>Specific needs assessment and treatment</p>	<p>SHU006 Provide Shiatsu therapy treatments (Nominal Hours 95)</p> <p>SHU007 Provide oriental therapies treatments (Nominal Hours 100)</p>	<p>Follow Shiatsu sequences:</p> <ul style="list-style-type: none"> • Basic structure and function of western medicine systems and regions of the body • Common disease states and functional problems of each body system • Fundamental principles of biomechanics. <ul style="list-style-type: none"> • Basic structure and function of western medicine systems and regions of the body • Common disease states and functional problems of each body system • Fundamental principles of biomechanics
<p>Supervised clinical practice</p>	<p>SHU008 Adapt Shiatsu and oriental therapies practice to meet specific needs (Nominal Hours 110)</p> <p>SHU008 Adapt Shiatsu and oriental therapies practice to meet specific needs (Nominal Hours 110)</p>	<p>Evaluate client progress:</p> <ul style="list-style-type: none"> • Compare changes and improvements with expectations in the treatment plan, existing research and evidence from own practice • Adjust treatment plans based on outcomes and sources of research or evidence that support massage practice • Identify areas of own practice for further research or development to support client outcomes <ul style="list-style-type: none"> • Managed at least 60 Shiatsu/oriental therapies assessment and treatment sessions - clients must include males and females from different stages of life with varied presentations • Managed the complete Shiatsu/oriental therapies assessment and treatment process for clients across the lifespan, including at least 3 from each of the following groups: children, adolescents, adult females, adult males, elders (over 65), palliative care; Treatment management factors that must be considered for clients of different genders and at different stages of life: case taking; variations in approach to physical examination and treatment; home recommendations; major developmental milestones for different stages of life; • Features of common health conditions that affect the following groups and how those conditions are assessed and treated in the Shiatsu/oriental therapies framework: factors for consideration when providing any form of end of life/palliative care.

APPENDIX 3

Table Correlation of Training Competencies for Shiatsu and Remedial Massage

Diploma of Shiatsu and Oriental Therapies HLT52215 (DSOT)

Diploma of Remedial Massage HLT52015 (DRM)

The two qualifications are structured and assessed similarly. They include:

Core competencies

- DSOT – 10 HLTAAP002 Confirm physical health status is delivered within the DSOT for the Shiatsu qualification
- DRM – 9 HLTAAP002 Confirm physical health status is delivered within Certificate 4 Massage Therapy Massage in the Massage qualification

Specialist competencies

- DSOT – 9
- DRM – 7

Supervised clinical practice

- DSOT
 - 200 hours shiatsu/oriental therapy client consultation work
 - 60 assessment and treatment sessions monitored and evaluated Shiatsu and oriental therapies treatments - clients must males and females from different stages of life with varied presentations
 - Monitored and evaluated treatments provided to at least 5 different clients with at least 3 treatments per client
- DRM
 - 200 hours of massage client consultation work
 - 60 assessment and treatment sessions managed at least 60 remedial massage assessments and treatment sessions - clients must include males and females from different stages of life with varied presentations
 - Monitored and evaluated treatments provided to at least 5 different clients with at least 3 treatments per client

Electives – delivered according to specialisation and availability

- DSOT – 11
- DRM – 28

DIPLOMA OF REMEDIAL MASSAGE		DIPLOMA OF SHIATSU & ORIENTAL THERAPIES	
Core Competencies		Core Competencies	
1	CHCCOM006	1	CHCCOM006
	Establish and manage client relationships		Establish and manage client relationships
2	CHCDIV001	2	CHCDIV001
	Work with diverse people		Work with diverse people
3	CHCLEG003	3	CHCLEG003
	Manage legal and ethical compliance		Manage legal and ethical compliance
4	CHCPRP003	4	CHCPRP003
	Reflect and improve upon professional practice		Reflect and improve upon professional practice
5	CHCPRP005	5	CHCPRP005
	Engage with health professionals and the health system		Engage with health professionals and the health system
6	HLTAAP003	6	HLTAAP002
	Analyse and respond to client health information		Confirm physical health status
7	HLTAID003	7	HLTAAP003
	Provide first aid		Analyse and respond to client health information
8	HLTINF004	8	HLTAID003
	Manage the prevention and control of infection		Provide first aid
9	HTLWHS004	9	HLTINF004
	Manage work health and safety		Manage the prevention and control of infection
		10	HTLWHS004
			Manage work health and safety
Specialist Competencies			
1	HLTMSG001	1	HLTSHU001
	Develop massage practice		Work within a framework of traditional oriental medicine
2	HLTMSG002	2	HLTSHU002
	Assess client massage needs		Develop shiatsu practice
3	HLTMSG003	3	HLTSHU003
	Perform remedial massage musculoskeletal assessments		Maintain personal health and awareness for traditional oriental medicine practice
4	HLTMSG004	4	HLTSHU004
	Provide massage treatments		Perform shiatsu therapy health assessments
5	HLTMSG005	5	HLTSHU 005
	Provide remedial massage treatments		Perform oriental therapies health assessments
6	HLTMSG006	6	HLTSHU006
	Adapt remedial massage treatments to meet specific needs		Provide shiatsu therapy treatments
7	HLTMSG008	7	HLTSHU007
	Monitor and evaluate remedial massage treatments		Provide oriental therapies treatments
		8	HLTSHU008
			Adapt shiatsu and oriental therapies practice to meet specific needs
		9	HLTSHU009
			Monitor and evaluate traditional oriental treatments

APPENDIX 4

Registered Training Organisations

Current delivery and assessment of the Diploma of Shiatsu and Oriental Therapies HLT52215 are:

1. Australian College of Eastern Medicine
2. Australian Shiatsu College
3. Study Group Australia
4. Collective Wellness Institute

APPENDIX 5

A proposal for a private health insurer's natural therapies research fund

By Dr Jon Wardle, Senior Lecturer in Public Health, Australian Research Centre in Complementary Medicine & Integrative Medicine, University of Technology Sydney

A PROPOSAL FOR A PRIVATE HEALTH INSURER'S NATURAL THERAPIES RESEARCH FUND

The private health insurance natural therapies review

The recent natural therapies review in Australia has been charged with critically assessing the evidence-base for the growing private health insurance contributions to complementary therapies in Australia (see Figure 1).

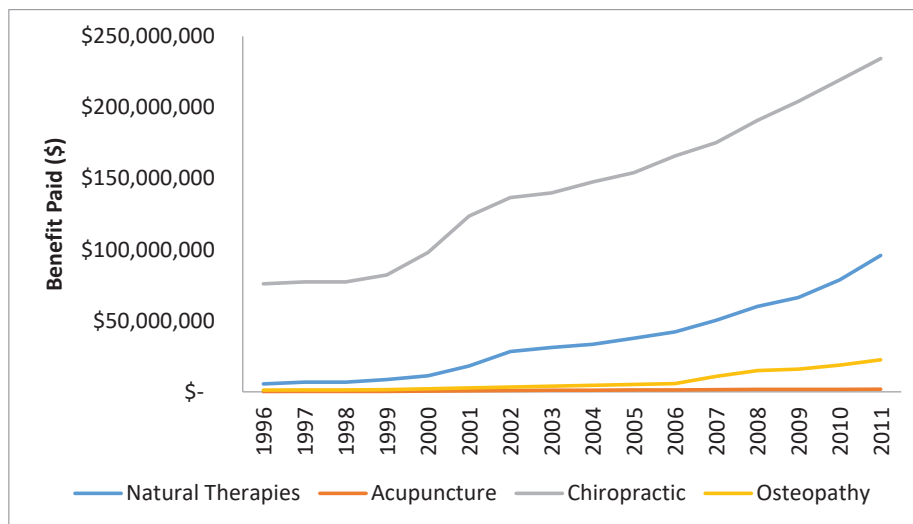


Figure 1: PHI reimbursement for CAM ancillary services in Australia (source: PHIAC)

The review of the Australian Government Rebate on Private Health Insurance (the rebate) for natural therapies (the review), is examining the evidence of clinical efficacy, cost effectiveness, safety and quality of natural therapies in scope of the Review. The terms of reference of the Review are that this examination will inform the decision on which of the Review's in scope natural therapies should continue to receive the Rebate¹.

However, the practical relevance of the review has been negatively affected by the dearth of evidence in natural therapies. This has resulted in evidence being inconclusive in situations where there is broad evidence for the intervention of therapies but not practitioners (e.g. herbal medicine and herbalists), or where sufficient evidence may exist but the evidence refers to international practice rather than Australian (e.g. naturopathy). Some medicines based on traditions outside the English-speaking world (e.g. Shiatsu) were disadvantaged by the paucity of research in the English language. In many instances there was no evidence of positive outcomes for some therapies, based not on negative trials, but the fact that no research articles had been published at all.

However, despite numerous calls for further research in CAM in Australia², and research exploring the effectiveness of CAM being labelled as a national research priority area, there has been little success in increasing funding of CAM research in Australia outside of special CAM-specific

¹ The Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies <http://www.health.gov.au/internet/main/publishing.nsf/Content/phi-natural-therapies>

² Bensoussan A & Lewith G (2004) "Complementary medicine research in Australia: a strategy for the future." *Med J Aust* **181**: 331-334.

initiatives³. The private health insurance review may provide an opportunity to redress this gap, by developing an Australian natural therapies research fund funded by private health insurance contributions to natural therapies.

Current issues in and barriers to CAM research

One of the most effective mechanisms with which to increase the evidence base in CAM is to build research capacity in the CAM professions⁴. Engaging practitioners in CAM research is also essential to improving research validity by ensuring that therapies are evaluated as they are actually used in practice⁵. To date there appears to have been little CAM practitioner engagement with high-level research in Australia. However, this appears to be related more to the lack of research capacity in the field and the low base from which CAM professions are starting, with evidence showing some CAM professions – particularly naturopathy and Chinese medicine – being increasingly successful in securing NHMRC funding⁶. This growth appears to mirror the process of development of new and emerging conventional health professions⁷. Unlike many conventional fields, however, CAM practitioners are not eligible for many of the resources aimed at developing clinician research capacity – for example, CAM clinicians are not eligible for clinician training grants from the NHMRC that are open to allied health and conventional health professions, even when they have trained in tertiary-accredited courses of similar duration. When viewed in this context, CAM professions have been largely successful in developing research capacity, but it also highlights the need for CAM-focused resources aimed at developing research capacity in CAM, rather than reliance on CAM professions solely relying on existing resources.

As a peer-reviewed funding mechanism, success in NHMRC funding rounds can be subject to random variations, or influenced by reviewer attitudes and preferences⁸. As such, fields which attract considerable controversy and strong opinion (as CAM does) may have further difficulty in attracting competitive research funding in a competitive peer-review system⁹. This may be particularly true for researchers from CAM faculties in universities, which themselves have been the target of controversy in the Australian medical literature¹⁰. These difficulties, combined with the emerging/nascent nature of CAM research more generally, point to the need for research funding in Australia specifically

³ Wardle J & Adams J. (2013). “Are the CAM professions engaging in high-level health and medical research? Trends in publicly funded complementary medicine research grants in Australia”. *Complement Ther Med* **21**(6): 746-749

⁴ Adams J, Sibbritt D, Broom A et al (2012). “Research capacity building in traditional, complementary and integrative medicine: Grass-roots action towards a broader vision. In: Adams J, Andrews G, Barnes J, Broom A, Magin P, eds. *Traditional, Complementary and Integrative Medicine: An International Reader*. Buckinghamshire: Palgrave Macmillan, 2012: pp275-81

⁵ Wardle J, Seely D (2012). “The Challenges of Traditional, Complementary and Integrative Medicine Research: a Practitioner Perspective”. In: Adams J, Andrews G, Barnes J, Magin P, Broom A, eds. *Traditional, Complementary and Integrative Medicine: An International Reader*. London: Palgrave Macmillan, 2012. pp266-74

⁶ Wardle J & Adams J. (2013). “Are the CAM professions engaging in high-level health and medical research? Trends in publicly funded complementary medicine research grants in Australia”. *Complement Ther Med* **21**(6): 746-749

⁷ Stephens D, Taylor N, Leggat S (2009). “Research experience and research interests of allied health professionals. *J Allied Health*. **38**: e107-e111.

⁸ Graves N, Barnett A, Clarke P (2011). “Funding grant proposals for scientific research : retrospective analysis of scores by members of grant review panel”. *BMJ*. **343**: d4797.

⁹ For an analysis of CAM grants awarded in Australia, see Wardle J & Adams J. (2013). “Are the CAM professions engaging in high-level health and medical research? Trends in publicly funded complementary medicine research grants in Australia”. *Complement Ther Med* **21**(6): 746-749.

¹⁰ MacLennan A, Morrison R (2012). “Tertiary education institutions should not offer pseudoscientific medical courses: standing up for science” *Med J Aust*. **196**: 225-6.

targeted at CAM. The success of research conducted as part of the 2008 special NHMRC CAM funding round demonstrates the potential that ring-fenced CAM research funding can have¹¹.

The Danish chiropractic experience: a template for a research fund for natural therapies in Australia

Since 1991, the *Foundation for Chiropractic Research and Post Graduate Education* (Kiropraktorfonden) has funded research performed by Danish chiropractors. This funding has come from a percentage (7.3%) of insurance reimbursements for chiropractic services in that country (with an additional 4% added by the insurers ten years later, after reviewing the success of the scheme). This percentage is funded by practitioners (i.e. a percentage of the negotiated rate for service reimbursement), giving them a vested interest in developing an evidence base for their therapies.

This foundation has provided funding for PhD projects and individual project initiatives for research development and quality development. This has led to a situation where chiropractors in Denmark have achieved a leading academic position in international chiropractic, which has strongly contributed to ensuring that chiropractors in Denmark are highly integrated into the Danish healthcare system in a manner which most appropriately reflects the evidence for their therapies.

An Australian fund

Based on 2011 figures for reimbursement for natural therapies and complementary medicines significant research funds could be made available. Figure 2 (below) shows that up to \$26 million per annum could be made available to CAM research if the research fund is funded at the same level as the Danish chiropractic research fund (not including the additional insurer input), and CAM is extended to include chiropractic, acupuncture and osteopathy (as per NHMRC definitions). Even at minimal levels the fund would provide funding for CAM research that – every year – provides funding for CAM research that nears, equals or exceeds any previous CAM-specific commitments been announced by the Commonwealth government. The graph below shows the contribution remaining with the practitioner (dark grey) and the contribution to be made to the research fund (light grey) at various levels of contribution.

	Total amount (\$)	Percentage of reimbursement		
		1.00%	2.50%	7.30%
Natural Therapies	\$ 95,936,501.99	\$ 959,365.02	\$ 2,398,412.55	\$ 7,003,364.65
Chiropractic	\$ 234,370,072.30	\$ 2,343,700.72	\$ 5,859,251.81	\$ 17,109,015.28
Osteopathy	\$ 22,538,901.15	\$ 225,389.01	\$ 563,472.53	\$ 1,645,339.78
Acupuncture	\$ 1,857,819.00	\$ 18,578.19	\$ 46,445.48	\$ 135,620.79

Figure 2: Level of research funding for Foundation based on different proportions of reimbursement withheld

¹¹ Complementary medicine gets a boost: <http://www.nhmrc.gov.au/media/releases/2008/complementary-medicine-gets-boost>

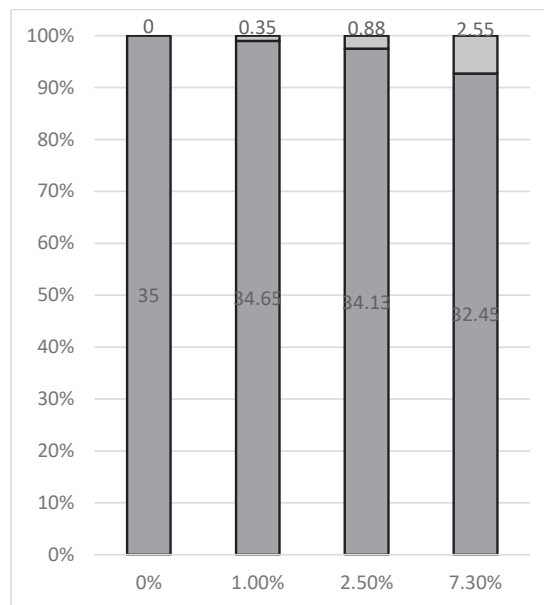


Figure 3: Amounts of reimbursement to go to practitioner and to research fund at different withholding levels, based on a \$35 reimbursement (top figure drawn to research fund, bottom figure paid to practitioner).

In the Danish Foundation, proposals are assessed by a panel of the national medical research council, research academics and other relevant stakeholders. The research foundation could utilise a similar assessment panel, or funds could be pooled into the NHMRC for CAM research projects (similar to the special call of 2008, or NCCAM in the US NIH). A similar arrangement could occur in Australia.

In order to ensure that research funded by the scheme would remain relevant to health services decision-making by insurers and the governments as to suitability informing insurers as to which therapies should be appropriately included, and which ones should be appropriately excluded, a representative Steering Committee should be established to define terms of reference for the fund, and identify areas of priority for each funding round. Relevant stakeholders would be similar to those included on the natural therapies review, and would include:

- Government research agency representatives
- Private health insurance representatives
- Research academics with expertise in CAM, public health and health research
- Representatives from the CAM professions
- Consumer groups

To ensure that research is funded on merit and is evaluated on the quality and rigour of the projects, independent peer-review process undertaken by research experts should evaluate submissions as per other high-level competitive grants schemes such as the NHMRC and ARC. Noting the importance of research capacity in developing an evidence base for CAM, the fund may also be used to fund doctoral or post-doctoral roles in CAM research, both targeted at attracting multi-disciplinary and clinician researchers.

Benefits

One of the key issues in the natural therapies review was the dearth of evidence available to inform decision-making by private health insurance as to which therapies warrant reimbursement. A Research Foundation framework would assist private health insurers in this decision-making and offers several advantages:

- The research is revenue neutral to the government and insurers, with the individual professions being accountable for the research costs in development and assessment of their clinical research evidence base.
- Despite being revenue neutral to these stakeholders, the fund offers the opportunity to provide research funding for evaluating CAM at a level beyond any previous investment in CAM research seen in Australia
- Although the onus of paying the costs of researching the clinical value of individual CAM therapies is placed upon CAM practitioners themselves, the individual cost of withheld funds in each reimbursed service is relatively small at the individual consult level, and is likely to be supported by the CAM professions.
- Currently there is a risk that *lack* of research may result in insurers being restricted from funding certain therapies, even where no negative The research funds can be specifically targeted at projects which are most likely to provide research funding for projects which inform the decision-making objectives of the natural therapies review, without unnecessary restrictions on potentially effective services, whilst being able to specifically target those for removal that are proven to be ineffective.
- Further to this point, by encouraging the development of research focused on informing insurers, private health insurers can be granted the information they need to retain autonomy on the decision to fund individual CAM services, and will be able to access an evidence pool that is directly relevant to Australian practice.
- By engaging major stakeholders, CAM research that is funded is likely to be that that is most relevant to practice and health policy outcomes, rather than that which is deemed most interesting by researchers alone.
- The boost to research funding will act as seed-funding, building capacity in CAM research which can value-add the money raised by the foundation, via increased capacity within the CAM research community.
- There are likely to be significant indirect improvements on clinical CAM practice. Australian research demonstrates that CAM practitioners¹² and students¹³ do assess research evidence critically, but are often unable to source or locate information relevant to their practice. The fund would help to fill this gap, encouraging the translation of research into practice and allowing CAM professions to transition into a more evidence-based practice.

¹² Steel A & Adams J (2011) "The application and value of information sources in clinical practice: an examination of the perspective of naturopaths" *Health Info Libr J* **28**, 110–118.

¹³ Wardle J & Sarris J (2014) "Student attitudes towards clinical teaching resources in complementary medicine: a focus group examination of naturopathic medicine students" *Health Info Libr J* **31**, 123-132

APPENDIX 6

Evidence-based practice

Evidence-based standard shiatsu clinical process includes: history-taking, client assessment, client perspective and feedback, sequential adjustment of the treatment plan according to client needs as they present, advice to the client for ongoing self-care and management of chronic pain via physical practices, lifestyle and dietary balance and follow up on client progress.

While there is existing clinical evidence to suggest shiatsu can assist in relief of symptoms for conditions such as: lower back pain, fibromyalgia, headaches, sleep problems, depression, palliative care support and autism; according to the STAA Shiatsu Workforce Survey (2016), shiatsu practitioners observe good results from shiatsu for such condition/symptoms as (remove) pain, fatigue/low energy, stress and mental health. In this survey, many more condition/symptoms - conditions and symptoms responsive to shiatsu treatment were identified, indicating potential for further research.

APPENDIX 7

STAA Workforce Survey Article Draft

Practising Shiatsu in Australia: A Workforce Survey

By Emma Strapps and Dr Jennifer Hunter (NICM)

November 2017

ABSTRACT

Background: Shiatsu is a form of acupressure originating in Japan. Shiatsu utilizes theory from Traditional Eastern Medicine including meridian systems, acupoints and 5-element theory to take a holistic approach to clients' health and healing. In Australia, shiatsu is a recognized modality in the Health Training Package and is studied at Diploma level. There is some concern about the viability of a career in shiatsu with an aging workforce and a shrinking number of recent graduates. While there is information available about the broader field of Complementary Medicine (CM), to date, little has been published on the practice of shiatsu in Australia.

Objectives: To undertake a shiatsu workforce survey in Australia and collect information to inform clinical research.

Methods: In 2016, a cross-sectional survey was distributed online and via email to shiatsu practitioners on the STAA mailing list. Eligible, were practitioners working in Australia with a minimum of the Diploma of Health, Shiatsu and Oriental Therapies or an equivalent qualification. Information was collected on practitioner demographics, work status, hours worked, areas of expertise or special interest, characteristics of clients, contact time with clients, and conditions or symptoms for which practitioners observe good results. Descriptive statistics were used to analyse data.

Results: 119 shiatsu practitioners answered the survey. Respondents were more likely to be female, with an average age of 48 years old and on average, have been practicing shiatsu for 11.8 years. Practitioners tend to work from home or another location, in several different locations or multidisciplinary clinics. Most were self-employed and work, on average, less than 20 hours per week. Practitioners spend an average of 74 minutes contact time with their clients. Shiatsu clients were also more likely to be female aged between 40-60. Clients find shiatsu primarily by word of mouth. The most common conditions that practitioners reported good results from shiatsu were pain, followed by psychological issues and then low energy/fatigue.

Conclusions: Many of the shiatsu practitioner and client statistics were in line with those recorded in recent articles on the broader field of complementary medicine (CM). Shiatsu practitioners appear to be engaging in the shared care of their clients' health and wellbeing needs that includes referring or recommending their clients seek the services of other healthcare practitioners. Promising are the reported condition/symptoms of pain and stress management where practitioners are observing benefits from shiatsu. However, further evidence-based research is required to confirm these reports.

APPENDIX 8

STAA Code of Standards and Ethics

1 INTRODUCTION

- 1.1 This code of standards and ethics has been compiled by the Shiatsu Therapy Association of Australia inc. and relates to the standards of practice of shiatsu therapists who are registered members of the Association.
- 1.2 This code of standards and ethics describes the professional standard of conduct of shiatsu therapy in order to preserve and enhance the reputation of shiatsu therapists, the Association, the practice of shiatsu and to protect the general public.
- 1.3 The right to amend this code of standards and ethics as and when necessary is reserved by the national council of the Shiatsu Therapy Association of Australia.

2 DUTY OF CARE

- 2.1 The shiatsu therapist shall always maintain the highest standards of professional conduct and duty of care to the client.
- 2.2 When a member of the public asks for treatment, the shiatsu therapist shall ensure that the client understands the nature of the treatment that will be given and that this treatment should occur only with his/her consent. Ethical conduct requires that the client must be free to reject any therapeutic procedure.
- 2.3 Shiatsu shall not be offered as an alternative to Western medicine but as complementary.
- 2.4 The shiatsu therapist shall not countermand instructions or prescriptions given by a doctor. Furthermore, the shiatsu therapist shall not advise the client to undergo a particular course of medical or surgical treatment unless qualified to do so. It must be left to the client to make their own decisions in the light of medical advice.
- 2.5 The shiatsu therapist shall recognise the limitations of his/her training and qualifications and shall refer clients to and co-operate with other health care professionals as appropriate.
- 2.6 If the shiatsu therapist believes that he/she had identified a disorder not covered by a doctor's diagnosis or of which the patient is unaware, the client shall be referred to the attention of their doctor.

3 PROFESSIONAL CONDUCT

- 3.1 The focus of the shiatsu therapists behaviour must at all times be on the clients healing process.
- 3.2 The shiatsu therapist must never claim to cure. The possible therapeutic benefits must be described as recovery, but this must never be guaranteed.
- 3.3
 - (a) The shiatsu therapist can practice only in shiatsu and/or traditional therapy discipline/s in which he/she is qualified through an accredited course.
 - (b) The shiatsu therapist can only use techniques and practices that are covered by their own professional indemnity insurance.
- 3.4 The shiatsu therapist must treat their clients with honesty, courtesy, respect, dignity, and discretion.

- 3.5 The shiatsu therapist must treat with discernment the specific needs of clients on the basis of race, religion, age, gender, sexuality, colour, ethnic origins and differing abilities
- 3.6 (a) It is the duty of the therapist to maintain professional boundaries and uphold a relationship of trust with clients at all times.
- (b) If the shiatsu therapist becomes personally involved with a client, he/she must refer that client for shiatsu treatment elsewhere.
- (c) Sexual behaviour towards a client or between a client and a practitioner is in breach of professional boundaries.
- 3.7 The shiatsu therapist should ensure that they are medically, physically and psychologically fit to practice.
- 3.8 The shiatsu therapist shall not treat in clinic whilst under the influence of alcohol, drugs or other substances that would impair his/her judgment. It is considered inappropriate for a shiatsu therapist to smoke or consume tobacco products in clinic.
- 3.9 The shiatsu therapist shall at no time take part in or promote any activity verbal or otherwise which will reflect improperly or denigrate the standing of the Shiatsu Therapy Association of Australia Inc. within the general community or in any professional circles.
- 3.10 The shiatsu therapist shall not knowingly breach the Commonwealth Therapeutic Act and regulations or the equivalent state legislation and shall be aware of notifiable diseases.
- 3.11 Members shall be aware of and abide by State and Local laws.

4 HYGIENE

- 4.1 A shiatsu treatment should be given in a clean and comfortable environment.
- 4.2 The shiatsu therapist should comply with state and local health regulations pertaining to the provision of toilet and wash facilities, provision of clean and fresh linen for each client.

5 CONFIDENTIALITY

- 5.1 The shiatsu therapist shall respect the confidentiality of the therapeutic relationship and shall not divulge any information about a client to anyone other than another therapist when transferring a client and this must be with the client's consent. Exceptions to this are the use of case histories in teaching or the use of case histories for publication. In both cases the client's anonymity must be preserved.
- 5.2 Patient records are to be kept confidential at all times and access restricted to the shiatsu therapist or assistant except:
- (a) Where consent has been obtained from the patient or guardian, and then only to the extent of the agreed disclosure.
- (b) In an emergency or other situation where the information may prevent possible injury to the patient or other person.
- (c) Where required to do so by the law.

6 PATIENT RECORDS

The public is entitled to expect that a shiatsu therapist will maintain a good standard of practice with full records. This includes:

- (a) Name, address, telephone number and date of birth.
- (b) Details of health history.
- (c) Dates of treatment.
- (d) Details of remedies prescribed.

7 ADVERTISING

7.1 The shiatsu therapist shall not advertise or lay claim to secret or exclusive methods of treatment.

7.2 In the advertising of a shiatsu therapists skills and services, due regards should be paid to the following;

- (a) Shiatsu therapists shall not use titles or descriptions which give the impression of medical or other qualifications to which they are not entitled.
- (b) The shiatsu therapist shall only advertise in a proper and professional manner for the purpose of informing members of the general public as to their location details and areas of specialised practice.

7.3 Membership does not of itself confer the right to use the association's name or initials in any manner other than the full membership description as part of a prose statement in, for example, a business card, e.g. "A. Practitioner is a Professional member of the Shiatsu Therapy Association of Australia (STAA)".

7.4 Use of the STAA logo may be used under permission from STAA.

7.5 The Shiatsu Therapist may not use Shiatsu Therapy Association of Australia inc. member information to advertise or promote his/her interests/business or reproduce such information in any form without written permission of the Shiatsu Therapy Association of Australia.

8 STATIONERY

The shiatsu therapist is responsible for the issue of their own receipts and their personal receipt books are not to be shared with other practitioners.

9 BREACH OF CODE OF ETHICS

A serious breach of any aspect of this code of standards and ethics will make the shiatsu therapist subject to action in accordance with the Shiatsu Therapy Association of Australia Policy and Guidelines point (11) disciplinary procedures.