About Possible Changes to Relicensing and CE courses Robert Wootton, Jan 2014

As I understand the issues, here is how I organize my thinking. There is apparently discussion in the NC Board that could change the <u>requirements for relicensing</u>, including which CE courses are accepted and how many hours, and also change <u>who handles approval of CE courses</u> and CE teachers. I see 2 major underlying issues affecting the board's decision. The <u>first is philosophical</u> about the purpose of regulations and re-licensing requirements. The <u>second is political</u> or jurisdictional about who should have authority over continuing education and teachers.

<u>ISSUE 1</u>: WHAT IS THE PURPOSE OF REGULATING THE MASSAGE INDUSTRY AND RE-LICENSING REQUIREMENTS? I see two main positions: (1) for <u>public safety</u> and (2) for <u>raising the standards</u> of the industry. Currently the regulations seem to try to do both but there are complaints that it doesn't do either well and the big blame is on the type and quality of CE courses and teaching. Some discussion now seems to favor focusing more strictly on safety and basic skills. Here are points to consider.

- <u>Minimal regulation</u> just to ensure <u>public safety</u>. In this view the only mandate for licensing and regulatory agencies is to protect the public. Thus relicensing requirements only need to check on basic skills and knowledge of ethics. The only CE courses that might be <u>required</u> would be in the area of basic skills, which has been called 'core competence '.
 - a. The discussion is only about how much should be minimally required for license and relicensing for public safety, including <u>how much, if any, Continuing Education</u>.
 - b. The big question for this position is <u>what is the data on safety</u>? What safety complaints have been documented by the state? Have they decreased under the current system of CE requirements? What is the data from states that have different relicensing requirements requiring more, less, or no CE?
 - c. The <u>effect for therapists</u> might be a simpler process to relicense, requiring less time and money on CE courses. Currently many CE courses are seen as a waste of time and money and therapist only take them to relicense. But it depends on what CE courses – if any – are required in a new system. It is not clear from proposals about 'core competence' whether everyone has to be continually checked for core competence and continually take CE courses in that area or if after one is checked out one is finished forever and doesn't have to take any more courses.
 - d. The safety focused proposals require extensive <u>ethics courses instead of skills</u> courses. But how many hours of ethics courses does it take to make someone ethical? Requiring long-time therapist to sit through more ethics courses is not only a waste of time but an insult. If the notion of ethics were broadened to include other content such as business, marketing, communication skills, meditation, and other skills it might be more useful.
 - e. The <u>effect on current CE courses</u> is that a large number would <u>not fit</u> into the required core for relicensing, and the number of hours required might go way down. Specialty modalities, would probably not count, like Thai, neuromuscular and maybe even trigger point, depending on how core skills are defined.
 - f. This <u>does not stop any CE course</u> from being offered they just <u>might not count</u> for relicensing. This means CE providers would have to decide if they want to try to fit

their courses into the accepted core, or if not, then to market them to therapists as enhancing their work in some way even though it doesn't help them relicense.

- g. Therapists can still be encouraged to improve their skills beyond the minimum by professional organizations and market business forces, both of which operate already. It is just not seen as the role of a governmental agency to force that professional improvement above the minimum.
- h. Already many specialty modalities require many more hours of study than is required for relicensing, but therapist study them because they enhance their practice. And if the requirements for relicensing were reduced therapists might have more money and time to get further training.
- 2. <u>Raise the standard</u> of the profession so the public can count on high quality, not just the minimum for safety. In this view, the current schooling and initial licensing requirements are only minimal and are not enough to ensure that therapists are fully competent. It believes that requiring Continuing Education for relicensing ensures that all therapist continue to develop their skills. Continued skills development through CE not only ensures safety but raises the standards and image of the profession.
 - a. Same discussion as (a) and (b) above. <u>How can we identify and measure quality</u> or competence? <u>How much CE is needed</u>? Is our current 24 hours necessary? What is the evidence? NC requires 24 CE hours while SC only requires 12. Does that mean that NC is safer than SC and NC therapists are twice as good as SC therapists? We can expect therapists to get better naturally with practice after school even without CE. So beyond practice what do they need to become better therapists? And how much if any CE is needed for that?
 - b. The <u>effect for therapists</u> of the higher standards approach is likely to require more time and money on CE courses than the minimum safety approach. But therapists might benefit with more business from the improved public standing of the profession as some would say has already happened since licensing started.
 - c. There are complaints that too <u>many CE courses are poor quality</u> and/or poorly taught and waste our time. So for higher standards to work, CE courses and teachers will <u>have to be better regulated</u> in some way. In the same way the safety approach identifies core skills, the higher standards approach must identify the type of CE courses that actually do improve quality. That includes both content and method, such as classroom, hands-on, or distance. It is possible that most of the specialty modalities which are not covered in depth in school will be accepted while some other current CE courses will not be. And the process for approving teachers may need to change and possibly include teacher training. The NCBTMB is currently attempting some of these changes.
 - d. There is also <u>complaint</u> by long-time therapist about having to keep taking CE courses, especially when the courses don't give them anything new. So there has to be a provision that after a certain number of years of active practice or a certain number of CE courses one can be exempted.

<u>ISSUE 2</u>: WHICH AGENCY SHOULD DO THE REGULATING? Currently the individual states handle licensing of therapists and also approval of massage schools within the state. But most do not handle approval of CE courses and teachers, relying on an outside agency. Some states, like FL, require CE courses be approved by the state in order to count for relicensing. <u>Most have relied on NCBTMB, but</u> <u>some are unhappy</u> with relying on an outside agency and/or the NCBTMB specifically.

There is now another organization that wants to <u>replace NCBTMB called FSMTB</u>, "Federation of State Massage Therapy Boards". It created the alternative exam which has become popular called MBLEx. And now it is recommending a set of requirements for license renewal that focuses only on safety and 'core competence' and practically eliminates CE (see 1 above).

Rick Rosen has also proposed the "National Continuing Education Registry" <u>NCER as an alternative</u> way to approve CE courses which he says will be "an online listing service of verified CE providers and courses."

So who do you want to regulate us? NC State, NCBTMB, FSMTB, or NCER?

- For CE teachers it is <u>preferable to have one national organization</u>, instead of the state, to approve us and our courses so we can teach in several states and not have to make applications to each state whenever we want to teach there. It is also easier to stay with NCBTMB rather than have to go through the whole application process with another organization, even though NCBTMB is making changes to our renewal process.
- 2. They all claim they will ensure better quality. But quality is hard enough to define and impossible to ensure. The idea that shifting from one bureaucratic agency to another will make it easier is naïve. All bureaucratic agencies face the same problem: how to identify and regulate quality at a distance using application and evaluation forms. So the choice for CE teachers is which organization looks more favorably on CE. That eliminates FSMTB. At least Rosen's NCER says it favors "maintaining CE as a mandatory element in license renewal." However it is only a proposal and not yet a functioning organization. So that leaves us rooting for NCBTMB better the devil we know than the ones we don't.
- 3. Currently the law on requirements for license renewal and CE hours has not changed. But our NC Board is discussing it. There is a process they have to go through to change the law on license renewal. But the <u>Board can change who approves the CE courses</u> that are acceptable for relicensing at any time. That would directly affect CE teachers who would have to then deal with another approval process. So It is good for CE teachers to be proactive in communicating with the Board.

My evaluation and proposals.

1. Both approaches to relicensing use the <u>term 'quality assurance'</u>. But that is an elusive term. How do they define quality and how can they ensure it? I think 'quality assurance' is a myth. No agency or set of regulations can guarantee quality therapists or teachers. At best we can weed out the worst and encourage some practices in therapy and teaching that seem to be more effective than others. So I wouldn't worry about making major changes to chase an elusive dream or to fix a few problems that are always going to be there. We shouldn't fall into the trap of thinking that regulation is the main way to ensure quality or improve the profession. Other forces like appropriate feedback and modeling of good examples are equally if not more

effective. We should put our efforts on sharing effective practices, which is what CE is about. That doesn't mean we should not change some regulations that are not working for us, but don't expect that changing approval systems will ensure better quality.

- 2. Choosing between the two above approaches, the safety only one with little or no CE and the professional improvement one requiring lots of CE, I am in between. I favor these points and will elaborate below:
 - a. <u>Keep the CE requirement</u> for relicensing but <u>reduce the number</u> and <u>exempt therapists</u> after a certain number of years or number of accumulated CE hours.
 - b. <u>Identify 'core competence'</u> and related CE courses and maybe require new therapists to choose from that category for their first license renewal only.
 - c. <u>Require some ethics but broaden the scope</u> of courses included and exempt therapists from the requirement after a certain number of hours.
 - d. <u>Some form of approval</u> or screening for CE courses and teachers, including requiring some <u>teacher training</u> or mentoring. Also <u>some way for us to recommend good</u> courses and teachers.
- 3. I think <u>some CE is probably important</u> for both public safety and professional development. But it would be useful to see some <u>data on safety</u> as well as public perception and use of massage among states that have different requirements.
- I say <u>reduce the number of CE hours</u> required because I doubt there is any evidence 24 is better than 12. So I favor reducing the required number to reduce the burden on therapists. An alternative way to reduce the number is to <u>extend the license period</u> from 2 to 3 or 4 years, which I would also favor.
- 5. About the <u>effectiveness of long versus short CE courses</u>: I'm sure most therapist have had the experience of taking a 12 hour course or less that was really useful and enjoyable while a 20 hour course was a waste of time and money. So the number of hours doesn't guarantee much.

My experience in teaching different numbers of hours is this: I have been teaching Thai for 15 years and have tried many approaches, finally honing down the content and becoming more efficient in teaching. It now takes me around 21 hours to teach a good basic whole-body treatment that therapists can take home and use. But to be fully competent as a Thai practitioner I recommend 2 of my 21 hour classes with 6 months of practice in between.

I also teach a 12 hour Thai course in a massage school diploma program. I am satisfied that in that 12 hour course the students get a good introduction to a different approach to bodywork that will influence the way they practice in general and they learn a simple but effective treatment that they can use.

My point is that <u>12 hours can be sufficient</u> – if taught well – to give therapists useful techniques and ideas that will enhance their practice. At the same time, if any one wants to become fully competent in a special modality they can take the longer courses. Currently most specialty modalities require more hours of study than is required for relicensing, but therapist still take them because they enhance their practice.

6. <u>For long time therapist</u>, who have demonstrated their competence by continuing to successfully practice, there should be a break on CE and ethics requirements. For example, after 10 years of active practice, or as Nancy suggested after 500 hours of CE courses, therapist are exempt from CE courses to relicense.

7. <u>Identifying 'core competence</u>', as the safety approach of FSMTB advocates, can be useful. It is probably good to check the competence of new therapists and offer CE courses in this area. And maybe even require they take a course from this category in their first licensing period. But after that we should leave the field wide open as to what therapists study.

It is tempting to think we can identify what distinguishes the advanced practitioner and then identify CE courses that give whatever that is. But I think there are so many different effective ways to do bodywork today that it is hard to make a single list. My own development as a therapists was much more influenced by feedback I got from my clients and noticing what worked and didn't than any courses I ever took. We have to trust that as therapists continue to practice they will naturally develop. And they might take CE on their own to enhance their practice if they are not forced to take so many CE courses.

So I <u>favor less regulation</u> both in the number of CE hours and the course content.

8. It would be <u>ideal</u> to have <u>better quality CE courses and teachers</u>. But how? It is as hard to define what makes a good teacher as it is to define a good therapists – but we know one when we see one. That means in-person observation and teacher training are more effective for improving quality than filling out more extensive approval forms. But unfortunately all regulatory agencies rely on forms (which only ensures that someone can fill out forms), because in-person is too expensive in time, money, and logistics. I know the hope is that the application process forces one to think more about how to teach their course, but that is not enough. Prospective teachers need some kind of <u>in-person training</u> and mentoring.

In addition to a training course, seeing a good <u>model teacher</u> is very helpful. Perhaps some good teachers can be identified and volunteer to allow new teachers to observe their class.

What we can do as consumers is let each other know <u>which courses we recommend</u> and which we don't. Some kind of forum for this exchange might be practical – but it has to be done respectfully and not like social media. Maybe something like Rick Rosen's proposed National Registry could help.

9. If the Board adopts the safety only approach and eliminates CE, I don't think that will significantly hurt the profession. CE courses can still be offered even if they are not needed for relicensing. I started teaching CE courses before there was a licensing law and I had plenty of students who were interested in learning something new. There are also other ways to encourage professional development. I think therapists and teachers naturally develop and improve anyway with continued practice and feedback from clients and students.

But if the Board requires more ethics forever and testing on core competence forever (which would be police state mentality) then there will probably be a rebellion at some point.

- 10. My personal opinion is that one factor pulling down quality in both CE courses and massage is the rise of <u>profit oriented corporations</u> flooding the market with CE courses and cheap massages. The corporate model is always about profit rather than quality. My fear is that we independents will lose and corporations will take over. One proposal to deal with this is to only approve individual teachers and courses rather than give blanket approval to a business or school. That way a business or school cannot just stick in anyone to teach a course.
- I think another factor pulling down quality is the amount of <u>distance / on-line courses</u> allowed. I personally think most courses should be hands-on and taught in classrooms. I certainly would not want to get a Thai massage from someone who learned it from a video!!