



DEVELOPMENT NEWSLETTER

UK REIKI FEDERATION WINTER 2001/2 - Issue 12

The Umbrella Body for the Development of National Occupational Standards & Best Professional Practice of Reiki

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Annual Gathering & Reiki Festival 2002

Our second Annual Gathering and Reiki Festival is set for Saturday 13th & Sunday 14th April 2002 at Leiston Abbey in Leiston, Suffolk. The Annual Review is to discuss our achievements and progress to date will take place on the Saturday morning, followed by a vegetarian lunch. The afternoon will be the start of a weekend festival with the working title of "Creating the Best."

We again invite you to actively shape our Reiki Festival by volunteering to run short groups and events based on 'what makes your heart sing.' Last year members ran mini-workshops which included, Reiki Treatments, guided meditation, Tibetan bowls and chi kung. Other ideas could include chanting/toning, crystal bowls, yoga, tai chi, drumming and sacred dance. If you feel drawn to helping on the day or running a session, write or email with what you would like to offer by the end of January. The whole weekend including lunches on both days and dinner on Saturday evening will cost £40 per person, or £25 for one day including lunch. Tickets available in advance, so book now to avoid disappointment. Bed and breakfast accommodation is also available at the Abbey as an extra option (must be booked in advance).

To be or not to be ? The question is - do you want to continue visiting Leiston Abbey annually or should other venues be tried ?

Reasons for staying at Leiston Abbey: It is a beautiful, spiritual place. Accommodation is suitable for the membership numbers at the moment. There is space for a large gathering and rooms for smaller workshops. Continuing use might mean a reduction in costs.

Reasons for going elsewhere: Leiston Abbey is not easy to travel to. Some members are not able to stay overnight and a day visit would be too far. There are other venues that should be explored and used. The growth in membership means we may have to look for venues with more accommodation, either on site or close by. **The decision is yours !**

I need to know your decision in good time, as venues must be assessed and they are not easy to find. If you have any ideas for future use, please let me know.

e-mail: Joan@hitchco.co.uk or call 02476 678496.

Musings From Someone Trying To Write An NOS Document

We have had plenty of feedback from the study groups with a wide range of responses. Thank you for the time, effort and heart searching that you have put into discussing this document. What came over most clearly is that this first draft felt too

medical and was repetitive; and this will be a major consideration as we work on the second draft.

Since we have received your feedback there has been a further development. Healthworks UK (NTO), the body that is setting the standards for NOS and making recommendations to the Department of Health, are currently in the process of creating a template of standards which CAM modalities will be able to use and adapt. The first draft will be available at the end of December or early January when there will be a 6 week consultation period after which they will process their feedback into the Template of Standards for general CAM use by summer 2002. The UKRF have been invited to be part of the consultative process and we shall therefore be liaising with them and getting the necessary advice regarding the next draft of our NOS document. We will be able to use the template so ensuring that we create an acceptable format, at the same time ensuring that we self regulate our practice of Reiki in such a way that we maintain all the richness, variety and love in our craft.

Thank you once again to the Study Groups for your invaluable contributions.

Leonie Clark

The 'Rough Guide' to Voluntary Self-Regulation

As a result of all our work, we are now regarded as the emerging Lead Body, which now means the voluntary self-regulatory body. Professional Reiki is not just an add-on to another organisation representing other 'fringe' modalities. Therefore, we continue not to have 'top-down-thinking' imposed upon us, but to deliver into the process of synergy and integration, a ground-swell of "what works" from the sharp-end, i.e. from the client-contact perspective, the professional practitioner ~ **YOU the UKRF pioneers!**

People are walking, now talking and voting with their feet, voting for non-orthodox treatments. There's been much on the news lately from Cherie Blairs' photo opportunities, the Heaven & Earth show on BBC1, regular national newspapers, and lots more. Cool. **That's what we wanted, to work in an enhanced way and be respected!** That's what we're getting!! Are we ready to deal with all aspects of what that entails ~ supplementary education and training, working professionally and more accountably with other healthcare professionals, working in a more 'transparent' way, working with complaints and disciplinary procedures, and all else that comes in our contemporary world of well-being? In the CAM sector (complementary and alternative medicine) there are over 150 bodies trying to regulate an estimated, over 50,000 CAM practitioners? Wow!

The diversity of complementary medicine means that there is probably no one single, all encompassing system of regulation. The level and scope of regulation for each

particular practice must reflect the potential risks to, and the needs of the patients.

Any professional regulation starts as **self-regulation**. Practitioners working under a particular title will share a loyalty to that title, and will also be the experts on what constitutes that practice in law. Occasionally however statutory controls are established to regulate professions externally, as in the case of the Professions Supplementary to Medicine Act 1960. In modern times the value of self-regulation remains generally recognised, although it is increasingly expected that this be conducted in the public gaze. Good practice must be seen to be assured.

What does voluntary self-regulation mean?

This ideally is a professional body which:

- maintains a **register** of individual members or member organisations;
- sets **educational standards** and an independent accreditation system for training establishment;
- maintains professional competence among its members with an adequate programme of **continuing professional development**;
- provides **codes** of conduct, ethics and practice;
- has in place a **complaints mechanism** for members of the public;
- has in place a **disciplinary procedure** that is accessible to the public;
- requires members to have adequate **professional indemnity insurance**;
- has the capacity to **represent** the whole profession;
- includes **external representation** on executive councils to represent patients or clients and the wider public interest.

What are Government guidelines for UK Regulation?

In a consultation paper the Department of Health includes a chapter entitled professional self-regulation in the modern context. It recognizes that the number of bodies that will be involved in professional self-regulatory activity is likely to increase greatly and sets out principles which could apply to all health professions. The chapter includes a table as follows:

What does it mean to 'modernize' the principles of self-regulation?

These ideals represent a level of basic standard for aspiring bodies:

- be **accountable** to the public and Parliament for their actions and performance;
- set **clearly expressed standards of the knowledge, skills, experience, attitudes and values necessary for continuing practice**;
- demonstrate that their activities are conducted in an **open and clear manner**;
- concern themselves with **the competence and conduct of practitioners at all stages in their careers**;
- not delay in taking action to **protect patients** from serious adverse outcomes of care when such circumstances arise;
- demonstrate their **objectivity** in making assessments and forming judgements about performance;
- show that their procedures are **free of racial and other forms of bias and discrimination**;
- take proper account of the **health service context** when making interventions;
- produce clearly stated **standards for professional education and training by which the providers of education and training can be monitored and held to account**;

- operate **clear and independent disputes procedures**;
- supply appropriate and valid **information** on their regulatory activities;
- demonstrate an ability to work across different regulatory boundaries to develop **consistent standards**;
- retain high public confidence and have sufficient **lay involvement** to make an effective contribution in their governance and operation;
- ensure that **those being regulated understand** what is expected of them and the role of the regulatory body in relation to their practice and wider health services;
- review and update standards regularly taking account of **feedback** from patients, practitioners and other interested parties;
- ensure that their procedures are well-defined and **transparent**, that they are operated in a way that is fair and sensitive, and that their efforts to enforce standards are targeted in a way that is **proportionate** to the seriousness of the problems involved;
- work in **partnership with the NHS** and with other organisations who provide or manage health care, thus enabling NHS organisations to achieve high standards of quality care for all those for whom the NHS is responsible.

What does UKRF have to do to meet the relevant criteria?

The guidelines of Department of Health adopted by the CAM sector are looking, ideally, for us to have the following features:

- i. to be a single independent registering body funded by registration fees.
- ii. have a governing council made up of a balance between members of the profession democratically elected by their peers and appointed non-CAM or lay members to supplement the skills of the professional members and represent the views and needs of consumers. The lay members should comprise at least one third of total membership.
- iii. to have agreed standards of training and minimum levels of clinical competence.
- iv. independent external accreditation of all training courses together with the professional validation of clinical competence of graduates by the regulating body.
- v. be able to show evidence of continuing education and development of members as a prerequisite for continued retention on the register.
- vi. have evidence of adequate professional indemnity insurance requirement for maintaining annual renewal of registered status.
- vii. publicize, disseminate and enforce an appropriate code of practice and ethical guidelines which set out a practitioners ~ responsibilities and duty of care to patients.
- viii. publicize and disseminate disciplinary procedures and establishment of appropriate fitness to practice mechanisms including investigation, conduct, health and appeals jurisdictions.
- ix. provide for professional conduct committee hearings normally to be held in public.
- x. have an accessible, supportive and published mechanism for dealing sympathetically and effectively with complaints about practitioners from members of the public.
- xi. provide effective enforceable disciplinary sanctions and publication of the findings of professional conduct committees.
- xii. publish client/patient information leaflets explaining the scope and limitations of the particular treatments or therapies together with an explanation of what standards of care patients should expect from practitioners.
- xiii. publish an annual report setting out the organizations main activities and audited accounts.

With this in mind, all healthcare practitioners (including Registered Medical Practitioners and the Professions Supplementary To Medicine) who practice Reiki treatments will be trained to levels of competence agreed by UKRF, and where appropriate, be registered with UKRF.

Non-members – to receive a membership form please send a SAE to:

Membership Request Form UK Reiki Federation PO Box 4238 London W1A 6UG or e-mail: enquirv@reikifed.co.uk

Reiki, a centre of excellence?

That's the challenge! This is our opportunity! Our shared vision and ideal is that Reiki becomes that centre of excellence and, if so there will be little concern with delivering research which proves efficacy to convince any disbelievers. We are anticipating our (UKRF) concerns be more focused to accessing NHS fund-holders and the "gate-keepers" to public healthcare in the statutory sector. With this in-mind, it's worthwhile noting from a survey published by F.I.M. (Foundation for Integrated Medicine) "**what factors are important in the decision making or the provision of CAM throughout the Primary Care Group**":

Evidence of effectiveness	85%
Evidence of cost-effectiveness	78%
Accreditation procedures and standards	68%
Resource implications	59%
Availability of practitioners	35%
Local needs assessment	33%
Patient demand	32%
Lack of national guidance	28%
Anecdotal evidence	3%
(other	3%)

So, whatever are own personal views are, this represents a snap-shot of how the priorities are thought by those who will be paying for our work to be done in those settings.

Reiki, as most people are now aware is 'category 3' in the Lords Select Committee Report as it is a "soft" intervention. As professional methods, standards and competencies grow and change as integrated healthcare practice matures, we are thinking that much of our additional practitioner competency training requirement, to work effectively in integrated healthcare settings in a multidisciplinary way, could be outsourced to independent service-providers working in their specialist field, across the breadth of healthcare.

We see how CAM disciplines progress towards being accountable, and in doing so some essential mechanisms must be fully in-place. Amongst these are agreed minimum levels of **Continuing Professional Development** and Supervision. Working in a synergy with other healthcare practices and aiming to work in an integrated way, UKRF remains flexible, wherever possible and practicable, in terms of definitions and methods of working to benefit the membership of professional practitioners.

We all know that in the past professions (including orthodox medicine) have misused procedures to protect their practitioners rather than the (often vulnerable) public who utilise their professional services. Too often within CAM professions it remains relatively easy for a practitioner, removed from one Register for serious professional misconduct, to simply join another body and continue practice, without question, unhindered.

In developing UKRF Complaints & Disciplinary Procedure we believe it is beneficial to involve other additional professional expertise as part of this process to develop a procedure in-line with, and common to, a UK integrated healthcare, together with the inherent sharing of information to rectify this unacceptable situation.

From a recent meeting at the Institute Of Directors (hosted by Blake Laphorn solicitors) it is clear that already there are various laws such as Human Rights Act 1998 which is bringing about changes and has major implications in the way we now carry out our work.

The Health Act 99 talks of strengthening systems of professional self-regulation by ensuring bodies (professional and regulatory) are **open, responsive and publicly accountable**. This received Royal assent on 30 June 99 and sections of the Act came into force on 14 March 2000. The Act provides for a procedure which enables such enactments to be amended and new professionals to be regulated, without the need for an Act Of Parliament.

In developing a Complaints Procedure it seems we must have ease of access by the general public (along with a commitment from the organisation, ensuring the procedure be as less stressful as possible for the complainant, throughout the process) without bias against the practitioner, and this process must remain equal to all parties.

Through our UKRF Development Newsletters, **we are now asking you to use this as part of our National Consultation process** to either respond directly, or connect with the Study Groups which you've been/are part of, to debate, discuss and feedback on all the issues set-out below:

PROFESSIONAL SUPPORT (SUPERVISION):

As an initial bench-mark members who opt to go on our Professional Register are expected to engage in this supportive process with a UKRF Registered teacher/master for a minimum of 2 hours in a 3 month period during the first 2 years of practice. Thereafter on-going professional support/supervision is encouraged but becomes voluntary.

Professional Support may be conducted one-on-one, via a peer support group or by telephone or email where geographical location or physical disability or other limiting factors dictate. For the Professional Register, Members are asked to maintain a personal log of all such activities. Any Member experiencing difficulty linking-in with these arrangements can ask UKRF for help and assistance. Members with less than 2 years practitioner experience may be asked to provide suitable evidence of their previous 12 months support, at the time of their annual re-registration.

THE REIKI PROFESSIONAL REGISTER:

To be eligible to join the UKRF Professional Register you currently will have to be working in the field or Reiki, or have done so within the last five years; or you will have graduated from a Reiki II Practitioner level course and undergoing development in UKRF Competency and Professional Support/Supervision.

UKRF maintains a complete record regarding a Members relevant training and experience within the field of Reiki. Consequently, copies of appropriate documentation must accompany all applications for Professional Registration. These are to include, but not be necessarily limited by relevant training and/or attunement certificates, a short biography and/or CV (properly typed) relevant to your involvement in the field of providing professional Reiki treatment.

DEVELOPING COMPETENCY:

It's important working in NHS and other statutory settings to be able to communicate with fellow healthcare colleagues to **discuss, in confidence, on-going cases and issues arising from them and to work through any personal matters** which may affect their own position or ability to practice, or to offset the otherwise 'isolated' nature of their work. We are now researching the training modules including Anatomy &

Physiology which are acceptable – across the board – with other healthcare professionals.

Also, importantly, although we as Reiki practitioners do not diagnose symptoms, we will be sourcing training in **how to recognise signs and symptoms in clients in order to make appropriate referrals** to other healthcare professionals. In setting a training benchmark, this will also hold valuable relevance from a professional insurance perspective.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD):

In integrated healthcare settings it is considered to be important for Reiki practitioners to keep abreast of new developments, research, etc. within the field of bioenergetic therapies and, specifically Reiki. Also, to review areas of practice which may, from time to time need refreshing. Members could also meet and share with like-minded colleagues from differing and diverse healthcare backgrounds and disciplines. Members on the UKRF Professional Register will be expected to participate in relevant CPD activities form a minimum of 15 hours per annum throughout their professional lives. Activities may also include relevant reading, internet research and, in special circumstances, constructive dialogue with colleagues. (Do check with UKRF central office for ‘validity’ of particular activities.) Practitioners on the Professional Register may be asked to provide suitable evidence of the previous 12 months CPD involvement at the time of annual re-registration (*see below).

PROFESSIONAL INDEMNITY:

Professional Indemnity and Public Liability Insurance in compulsory for Professional Registration. UKRF has preferential rates with preferred providers, participation is not required so long as suitable cover is provided elsewhere. Applicants with current insurance must include copies of documentation with an application for UKRF Registration.

UKRF DISPLAY CERTIFICATES:

Practitioner members of the UKRF will be provided with display certificates. They will be the exclusive property of the purchaser and will only remain valid if accompanied by a current Registration Document (issued free by UKRF on initial acceptance on to the Register and thereafter, annually, at the time of renewal).

Do I need all this?

Most of the 50,000 CAM practitioners are completely unregulated, therefore the public assuming they are being treated in a professional way are unprotected and practitioners are unaccountable. In summary, regulation is a means to an end, not an end in itself. **It’s about client/patient care. It’s about developing excellence in our professionalism.**

Neil Anthony

New London Office

We have now moved into our London office have a telephone number (020 7388 9500) and new address - PO Box 4238, London, W1A 6UG. The office is currently only staffed part-time and we will be training volunteers to cover the phone and light admin duties in the next few months. Our new membership secretary is Inge Strueder, who is my replacement on the admin side of things for the UKRF, as I will be bowing out (2nd attempt) soon after you read this.

Nick Ioannou

Reiki Research Volunteers Required

Rhonda Blunden B.Sc., who has twelve years research experience and is an NLP Master/Practitioner and Reiki teacher is wanting to conduct a research project on ‘*Understanding what is essential to the effectiveness of Reiki Attunements*’.

Rhonda says, “ The evidence that Reiki attunements do make a difference to people is clear. It is also true that there are many different methods being used. We now have evidence that presence and intention rather than ceremony and symbols may be the key.

Approach/Method -

I would use a combination of traditional qualitative research techniques and NLP modelling. I propose to cover 15-20 people, observing each in action during the training and attunement process and then interviewing them later on. In addition I would elicit written feedback from the students.

If you can help Rhonda, please contact her in Surrey on Tel/fax: 01932 342385 or email: Happiness2U@wtwd.co.uk

Reiki and Personality Traits

Flora Weaver is wanting to set up a project in exploring personality traits in those involved with Reiki. She is studying Psychology at London Guildhall University and is working with 2 childrens’ charities. Flora attained Reiki 1 and 2 about 4 years ago.

For more information, please contact Flora on 0207 738 5163

Questions & Answers

MEMBERSHIP CARDS - After reviewing all our administration procedures, we have decided not to issue membership cards anymore, and will be reserved for ‘accredited’ members in the future.

BLOCK INSURANCE SCHEME – The insurance option for Associate members with H & L Balen includes cover for Reiki workshops and attunements as standard.

PROVISIONAL MEMBERS & INSURANCE – Even though we do not offer insurance to Provisional members, we would prefer that they were insured, therefore we have arranged a small discount on insurance cover through IPTI. Call 01777 700383 and mention that you are a member.

PRACTITIONER PACKS – Practitioner Packs are only available as part of Associate membership. They are not for sale to non members or Provisional members.

MEMBERSHIP FORMS – We would prefer you **not** to use the old membership forms as the new ones have the Codes of Practice acceptance reply slip incorporated into them. Please only give out any new forms together with the Codes of Practice. Please contact us if you would like any extra membership forms.

ASSOCIATE UPGRADE – If you are a provisional member and would like to upgrade to associate membership please write or contact us and we will sent you an upgrade form.

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