

The Reiki Regulatory Working Group



REPORT ON CONSULTATION DOCUMENTS

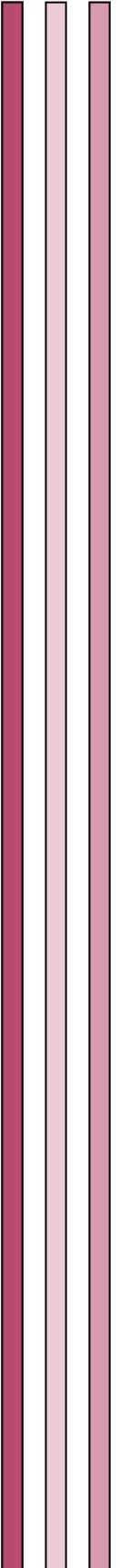
Codes of Ethics and Practice

Education and Accreditation

The Future of Reiki through Voluntary Self-Regulation

Continuing Professional Development

**Presented by Maria Regina Marchini Bindao
13 August 2007**



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INTRODUCTION

The Reiki Regulatory Working Group

The Reiki Regulatory Working Group (RRWG) was formed in 2003 by representatives from a number of Reiki organisations in collaboration with The Prince's Foundation for Integrated Health (PFIH). The RRWG provides the opportunity for members to exchange and discuss views, concerns, standards and best practice with the aim of presenting a united voice in working towards the self-regulation of Reiki and the creation of a single national register of professional Reiki practitioners.

Currently the RRWG comprises mostly practitioner representatives from 11 organisations (see below) who collectively represent approximately 11,000 practitioners:

- British Complementary Medicine Association
- Complementary Therapists Association
- Federation of Holistic Therapists
- Independent Professional Therapists International
- Open Reiki Group
- Reiki Healers and Teacher's Society (Reiki HATS)
- Tera Mai™ Association
- The Reiki Alliance
- The Reiki Association
- UK Reiki Alliance
- UK Reiki Federation

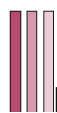
and in addition has two Lay members and a Lay Chair. The Prince's Foundation for Integrated Health acts in an advisory capacity on regulatory matters.

Consultation

On September 9th 2006, as part of the regulatory process, the RRWG launched a consultation with Reiki practitioners, teachers and other interested parties on the future self-regulation of Reiki and the creation of a single national register of professional Reiki practitioners. Flyers regarding the consultation were printed and circulated to all organisations; leaflets were also provided which organisations themselves were responsible for printing and distributing. Member organisations were asked to advise their members of the consultation.

Four documents were presented for consultation these were:

1. The future of the Reiki profession through VSR
2. Education & Accreditation



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3. Code of Ethics and Practice
4. Continuous Professional Development (CPD)

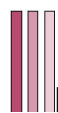
Each was available for download from the RRWG website or hard copies could be requested (at a charge of £2.50 to cover the cost of printing and posting). Feedback forms could be either posted to the RRWG or downloaded and emailed back.

The consultation process also involved road shows in 9 cities throughout the UK between September and November 2006:

- Stirling (9th September)
- Newcastle (16th September)
- Manchester (23rd September)
- Belfast (30th September)
- Birmingham (7th October)
- Norwich (14th October)
- Exeter (21st October)
- London (28th October)
- Newport, Wales (4th November)

In each city, a morning (10:30am-12:30pm) and afternoon (2:00-4:00pm) public meeting was held open to everyone: attendance varied from few to approximately 20 people per meeting. Each meeting was attended by two or three representatives from RRWG together with a volunteer note taker who was not a member of the RRWG. The representatives provided a brief overview of the four documents (hard copies of which were available at every meeting at a cost of £2.50) and the floor was open for questions. Comments were not recorded at the meeting as it was felt that they should all be included on the consultation documents' feedback forms.

The deadline for feedback on the four documents was 31st December 2006.



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SECTION 1

METHODOLOGY / PROCEDURES

In 2006, four questionnaires were available to UK practitioners for feedback. Each related to one of the following consultation documents:

- Codes of Ethics and Practice;
- Education and Accreditation;
- The Future of Reiki through Voluntary Self-Regulation;
- Continuing Professional Development.

The feedback from all 81 responses was analysed quantitatively and qualitatively. The data responses were recorded and the results entered onto an Excel spreadsheet. The analysis was conducted in two different ways:

1) Concerning the quantitative questions, a positive response was recorded as “1”. A negative response as “-1” and a “0” was recorded when no clear indication was given, or when there was no response. Majority (for or against) has been indicated by a “+” or “-“ figure in the total. The percentage in favour has also been shown. Some forms were returned with comments only and no definitive response indicated; comments have been incorporated into summary documents.

2) As regards the qualitative questions, a positive response was recorded as “agree” or “yes”, while a negative response was recorded as “disagree” or “no”. Where some comments were in agreement and others in disagreement, the response was recorded as “partial-agreement” (PA). Some comments were added to the response in order to point out the disagreement. For those cases, for those where no response was entered, and for those responses that were not directly relevant to the question, a blank cell was recorded.

PROBLEMS FOUND DURING THE ANALYSIS

The questionnaires contained many open questions, which tended to produce sets of responses that were varied, inconsistent, unclear and difficult to quantify or qualify. It also had the effect of stimulating further questions from the respondents instead of specific responses. These questions were analysed as “disagreement” or “partial-agreement” depending on the qualitative and subjective responses.



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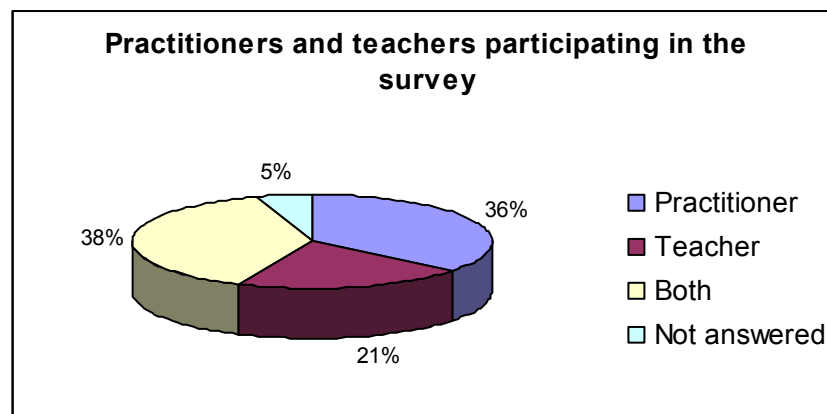
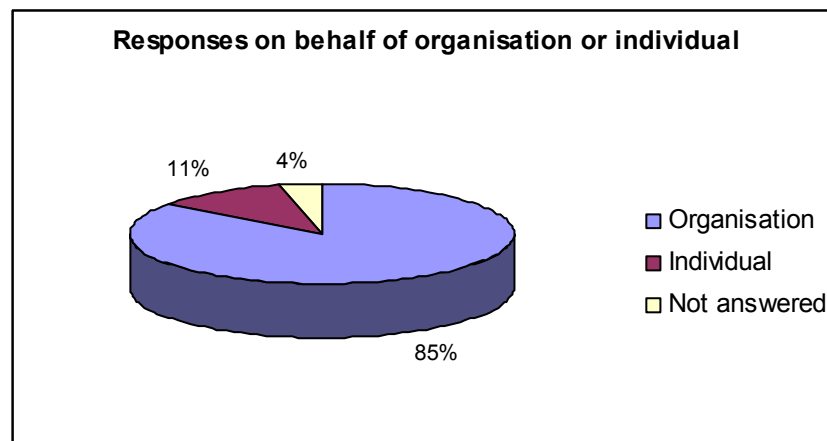
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SECTION 2

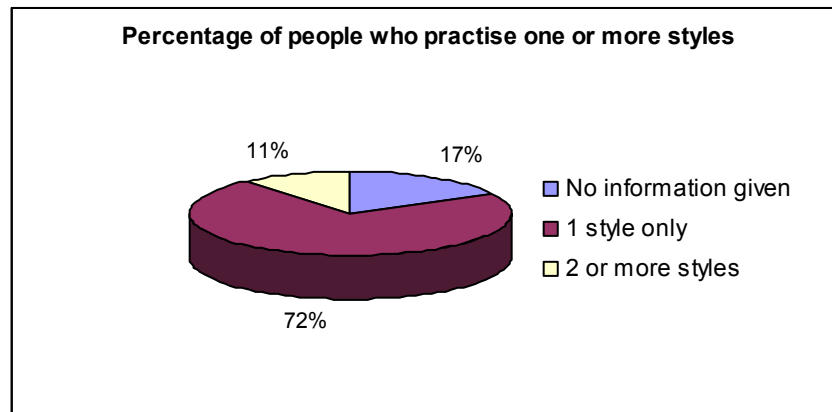
FINDINGS

1. PERSONAL DETAILS

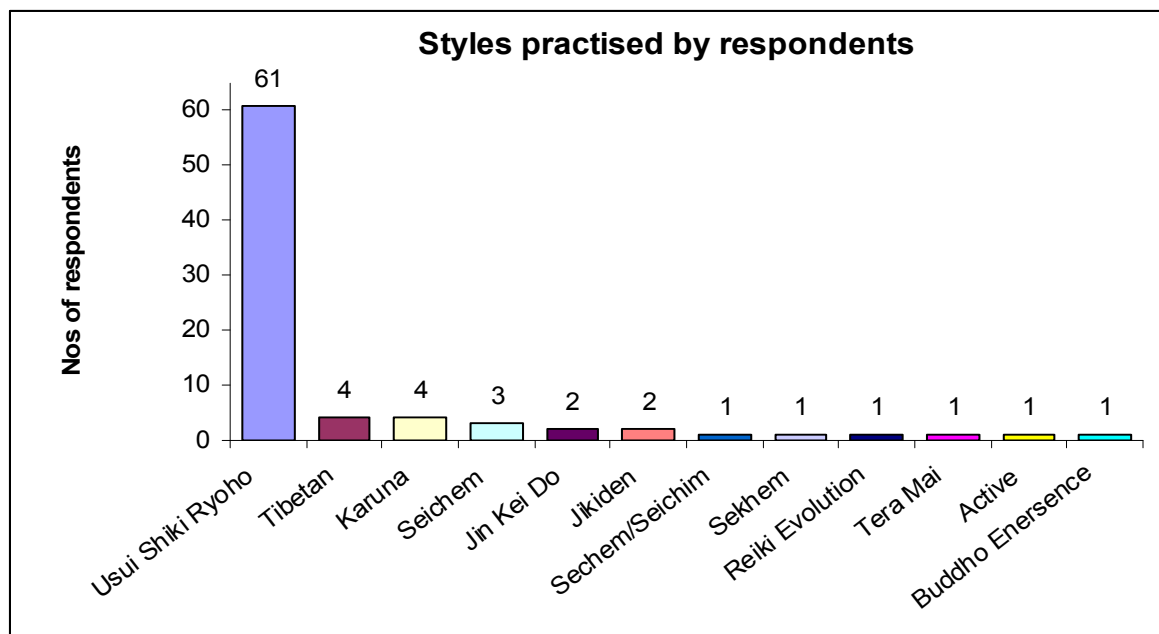
The initial section of all four questionnaires requested basic personal details from the respondents, an analysis of which is shown below:



This section also asked which Reiki styles were practised by the respondents; this data is shown in the two graphs below:



Of the 67 participants (83%) who identified the style(s) they used:

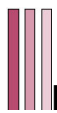


In total, 86 responses to the questionnaire were received. Five of these, however, were duplicate answers, and were therefore not considered. Of a total of 81 completed questionnaires, three did not contain a direct response to the questions, and could not therefore be analysed. This left 78 responses that satisfied the above criteria.

- 68 respondents (87%) completed and returned the Codes of Ethics and Practice questionnaire;
- 70 respondents (90%) completed and returned the Continuing Professional Development questionnaire;
- 69 respondents (88%) completed and returned the Education and Accreditation questionnaire;

- 70 respondents (90%) completed and returned the Future of Reiki through Voluntary Self-Regulation questionnaire.

Some questionnaires were returned completely in blank and could not be analysed.



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2. CODES OF ETHICS AND PRACTICE QUESTIONNAIRE

Results - Appendix 1

2.1. The majority supported all proposals of the Discussion Document.

2.2. Comments made by some respondents were:

- a) **Re: clarity of contract:** The issues raised in Question 3 should be clarified. It was suggested that multiple therapies should not be used without prior permission.
- b) **Re: competence and CPD:** The issues raised in Question 7, item B, need clarification. The following replacement was suggested: “extend their knowledge through the **use of** Reiki for self-healing and healing others”.

As a healing therapy, it is considered that healing someone inherently brings self-development.

- c) Question 15 - **Re: obligations under the criminal and civil law.** Sub section (a) - The words "state or territory" are not used in English. 'County' was suggested instead.

The issue of diagnosis requires clarification. Reiki practitioners are not trained to diagnose. It means that they would have no way of recognizing a serious disease.

- d) Question 17: the issue of the **resolution of complaints** requires clarification



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3. EDUCATION AND ACCREDITATION QUESTIONNAIRE

Results – Appendix 2

3.1.

The majority of respondents supported most of the proposals in the Discussion Document, referring to questions 1, 3, 4, 5, 6, 12, 13, 14, 15, 16, 17, 18, 19, 20 and 21.

Questions 2, 7, 8, 9 and 11 had less than 50% acceptance. It means that the majority of the respondents disagreed with the statements outlined.

3.2. Regarding question 2, re: active learning hours

The respondents suggested between 12 and 30 hours in-person instead of 50 hours as suggested in the document.

3.3. In question 6,

The respondents suggested six months instead of 12 to fulfil all requirements.

3.4. Question number 7:

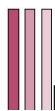
The respondents thought the completion of 100 hours of in-person Reiki sessions as excessive. They suggested from 30 to 50 hours as a maximum.

3.5. Regarding question 8 - re: if this experience could be with animals and if so what percentage

- 28% suggested that sessions with animals could form a percentage of between 10-20% of the total
- 13% suggested that sessions with animals could form a percentage of between 21-40% of the total
- 9% suggested that sessions with animals could form a percentage of between 41-60% of the total
- 47% of respondents did not answer the question or make any suggestion about this issue.

Two respondents alleged that some professionals have no wish to work with animals, and commented that those who wish to work with animals should have a different registration.

3.6. Regarding any other suggestions, in question 10, the respondents said that there should not be any monetary payment. Some suggested a donation to



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charity. Few people said that this is a client decision and a small gift might be given instead of monetary payment. Also, a respondent suggested an exchange treatment by Reiki members.

32% of the respondents did not have any suggestion and 35% did not answer the question.

3.7. In question 11, re: commitment to personal practice, the respondents suggested the replacement of the word “would” with “can/could”, as below:

“...a commitment to personal practice which **could** include”

Other respondents disagreed with numbers 2,3, 5 and 8 and suggested a review of these items.

3.8. The respondents disagreeing with **question 13** said that the knowledge of anatomy/physiology could encourage diagnosis. In their view it should be a medical issue and not obligatory for Reiki practitioners.

3.9. Question 15:

The respondents identified red-flag situations:

- Drink and drugs;
- Heart attack, pace maker, angina pectoris;
- Epilepsy;
- Hypercortisolism and glandular dysfunction

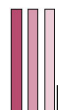
20% of the questions were not answered. 28% of the respondents did not identify any red-flag situation.

3.10. Question 22:

54% of the respondents said that they could not identify any reason to have Reiki refused. However 22% could identify the following reasons:

- Drink and drugs;
- Use of mobile telephones;
- Patients with mental illness, or anxious or angry patients;
- Patients less than 14 weeks pregnant;
- Medical conditions or those who have not received appropriate treatment;
- The client not consenting to treatment
- Verbal or physical abuse from the client

10% of the questions were not answered.



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3.11. Question 23:

64% of the respondents said that they agree with the structure of the accreditation of the individual.

30% of the respondents said that the structure is not appropriate for the accreditation.

3.12. Regarding question 24

45% of the respondents said they did not have any suggestion. However, 29% of the respondents suggested:

- To accredit courses only. They said that individuals should not be accredited;
- Use a simple folder; record experiences in journals;
- Keep lineage, testimonials and case histories;
- Record Master's teaching syllabus and evidence;
- Consider background and experience.

3.13. Question 25:

57% of the respondents said they could not see any additional benefits to the practitioner of individual accreditation. However, some respondents suggested other benefits such as:

- Personal contact or network support;
- Public safeguard;
- Reduce cost to the educational centres which accredit the courses;
- Freedom of choice for the practitioner;
- Avoidance of academic bias and preservation of the integrity of a pure Reiki practice;
- Teachers will have more responsibilities to students wishing to be practitioners;
- Raise the development of teachers and practitioners.

3.14. Question 26:

49% of the respondents said they could not see any disadvantage of individual accreditation. 30% of the respondents pointed out disadvantages such as:

- No quality assurance, or lack of quality control in maintaining training;
- Cost and time to undertake the accreditation;
- Much paperwork and bureaucracy involved;
- Demanding and time-consuming to the students;
- Process would be too detailed and prescriptive;



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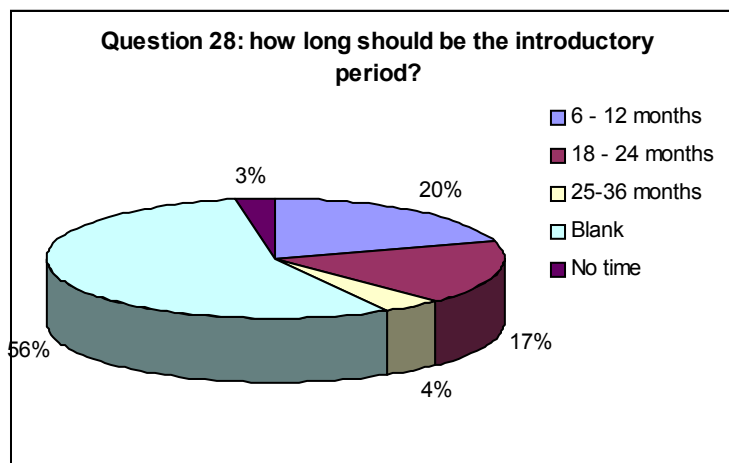
- Teachers could be reluctant to carry out too much work;
- The essence of Reiki spirit would be obscured;
- A well-prepared person would have to analyze the accreditation process.

3.15. Question 27:

58% of the respondents said there should be special conditions for established practitioners to join the register, such as:

- Reference letters, insurance, certificates;
- Proof of courses/training/research attended and portfolio;
- Proof of lineage and date of first Reiki initiation.

3.16. Question 28: The respondents who agreed that there should initially be special conditions for established practitioners suggested requirements of:



- Clients testimonials;
- Recording evidence and treatments completed;
- Personal interview with accreditation;
- Evidence of ten courses of treatments of four sessions each;
- Commit to NOS, Ethical code, and evidence of having thought NOS requirement.
- Certificates and records, including lineage, provided by the practitioners and teachers.

Only 3% of the respondents said that there should be no introductory period. 56% did not know or did not answer the question.



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3.17. Question 29: 54% of the respondents said that they could see a role for the various Reiki organizations in accrediting established practitioners. However, they did not provide any extra information. 24% said they could not see a role for organizations and 12 % did not answer the question.

3.18. Question 30: 57% of the respondents said they could see a place for accrediting supplementary courses. Nonetheless, they would rather have:

- Live courses and distance learning;
- Accreditation of individual modules instead of simple courses;
- A qualified assessor and some external auditing of what is being done.

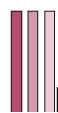
3.19. Question 31: 43% of the respondents did not have any further suggestions. 29% of the respondents suggested:

- Accreditation of courses which match NOS;
- Anatomy, Physiology, First Aid courses;
- A list of subjects of such supplemented courses;
- Testing via internet-based multi choices;
- Mix of Reiki taught and certificated in the traditional way, accredited courses in Practice Management and mental health issues;
- That if Master teachers cannot teach up to NOS requirements, then local educational establishments should offer a range of certified courses, or courses that cover a student's needs.

3.20. Question 32 had 9 different suggestions about modules and students' development. It was not possible to conclude the agreement or disagreement with the statement.

3.21. Question 33: 58% of the respondents said they could see a place for accrediting complete courses in the way outlined. However, 49% of the respondents did not make any other suggestion in **question 34** and 30% left the question without answering.

3.22 Question 35: Regarding the amount which should be paid for initial registration:

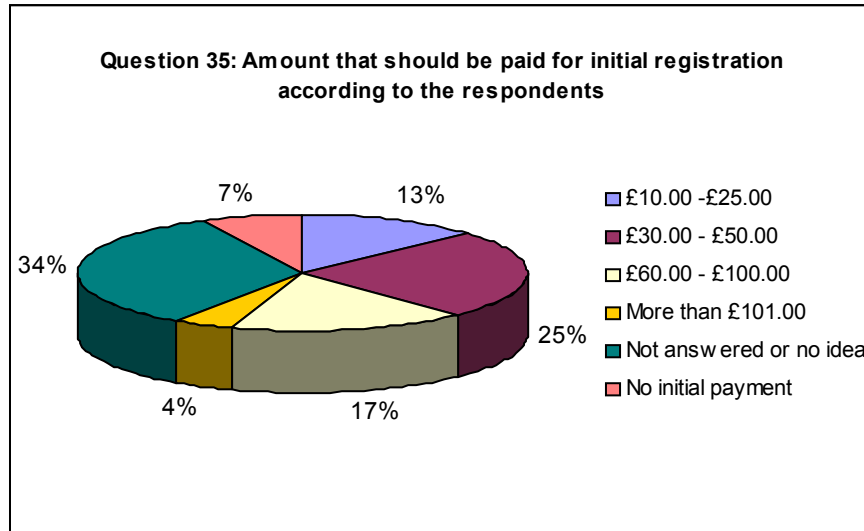


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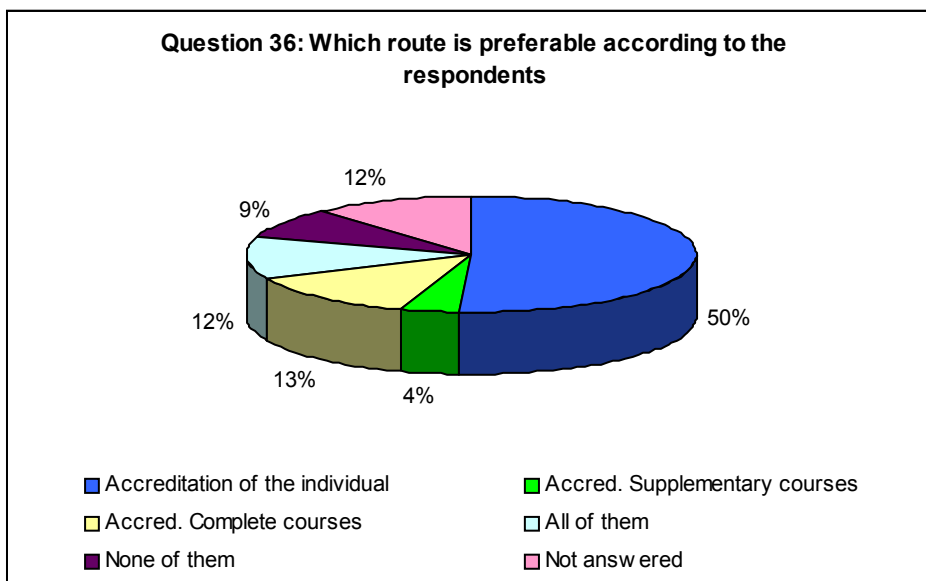
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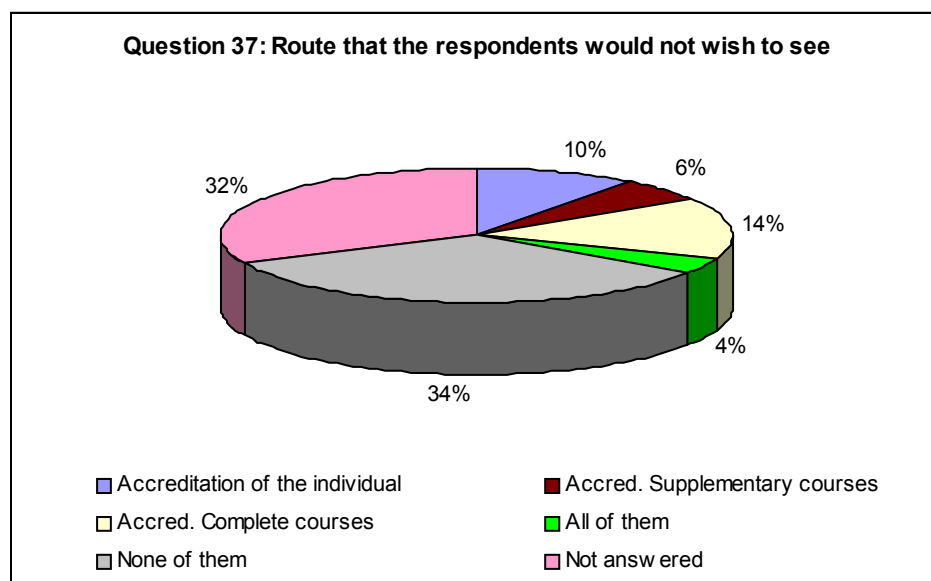
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3.23. Question 36:



3.24. Question 37:



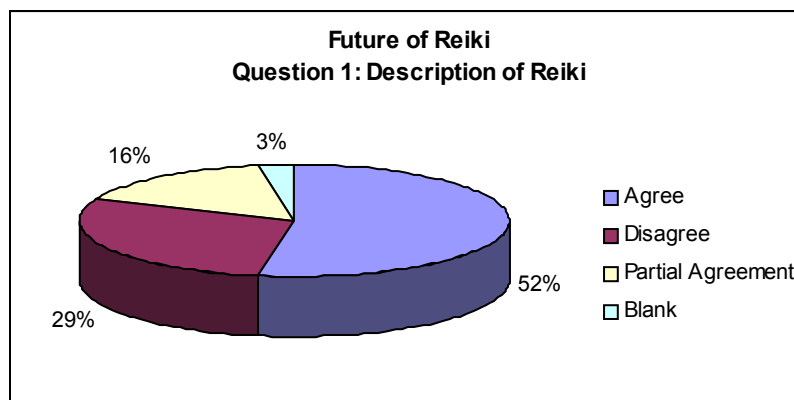
3.25. Question 38: According to some respondents, some routes were not considered, such as:

- Accreditation of training organizations or teachers;
- Personal supervisors over time;
- Apprenticeship.

4. THE FUTURE OF REIKI-THROUGH VOLUNTARY SELF REGULATION

Results – Appendix 3

4.1. Question 1: About the description of Reiki



Whilst the majority of respondents (52%) agreed with the description of Reiki given in the document, the 45% of respondents who disagreed or had a partial agreement with the description of Reiki, have alleged that:

- There is massage or manipulation in some styles;
- The word “Master” may be confusing in some styles of Reiki;
- There is a difference between Master Practitioner and Master teacher;
- Reiki has been presented as a hands-on treatment method;
- The term “attunement” is vague;
- Would rather use the word “induction” instead of “initiation”;
- Would rather remove the word “relaxes” in the 5th paragraph because Reiki works whether the person is relaxed or not.
- The description is biased to certain styles;
- The title “Dr. Mikao Usui” is misleading. Some respondents said that he was not medically trained doctor and it is still unproved that he received a doctorate.
- Reiki is a spiritual energy. The description denies the spiritual context of Reiki;
- The term “healing” needs to be clarified;
- Reiki is not a healing process. It is a healing method.

The word “cure” brought controversies among some respondents.

- One respondent suggested substituting the word “cure” for the sentence “it does not mean it can not cure”.
- Another said Reiki can cure. He argued that if you say Reiki cannot cure, you are pandering to the demands of lobbies that want to keep Reiki in the category of an alternative form of therapy.



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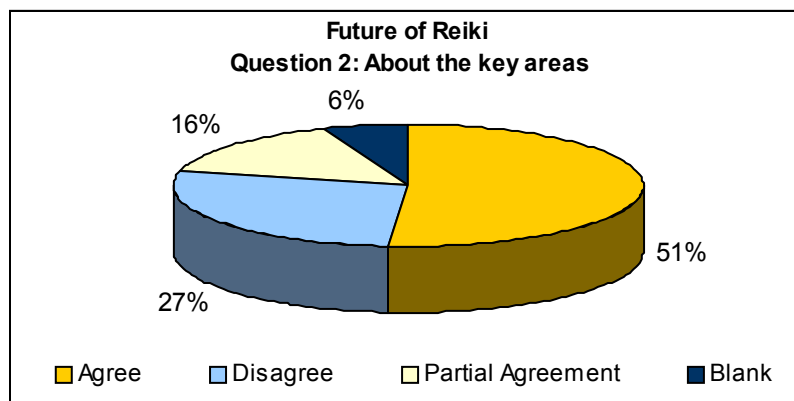
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- Other participant said that Reiki, when used correctly, could treat conditions directly.
- Some suggested more distinction between the words “healing” and “cure”

4.2. Question 2: About the key areas identified by RRWG regarding voluntary self-regulation



The majority agreed with the key areas proposed in the consultation document. The respondents who disagreed or had a partial agreement, maintained that:

- The issues about learning other systems that are not related to healing need clarification;
- Reiki does not provide healthcare; so there is a misunderstanding of the nature of Reiki. The word “healthcare” gives a misleading connotation towards the medical profession.
- They would rather substitute the word “patient” with “client”, which is a non-medical term;
- It does not mention support to registrants;
- It assumes that Reiki is a healthcare treatment;
- The issue about what is *not* Reiki needs to be set out;
- The cost of a membership fee must be considered. It must be kept as simple as possible to avoid paperwork, cost and bureaucracy;
- It does not cover a practitioner working in a volunteer NHS hospice;
- Bullet 2.4 must be better clarified or more specific;
- It needs clarification about how boundaries will be set.



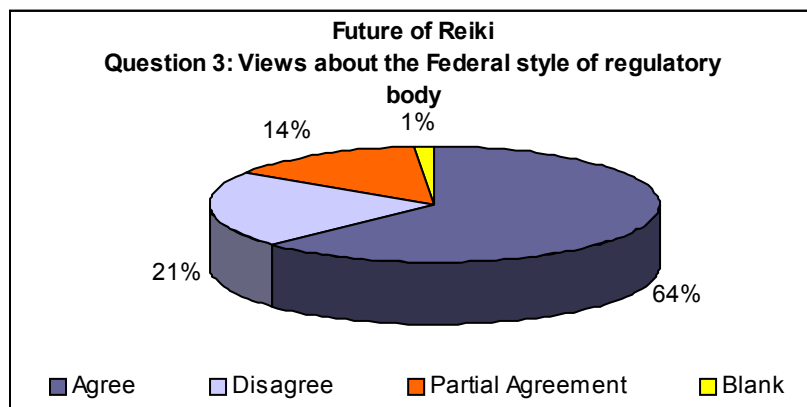
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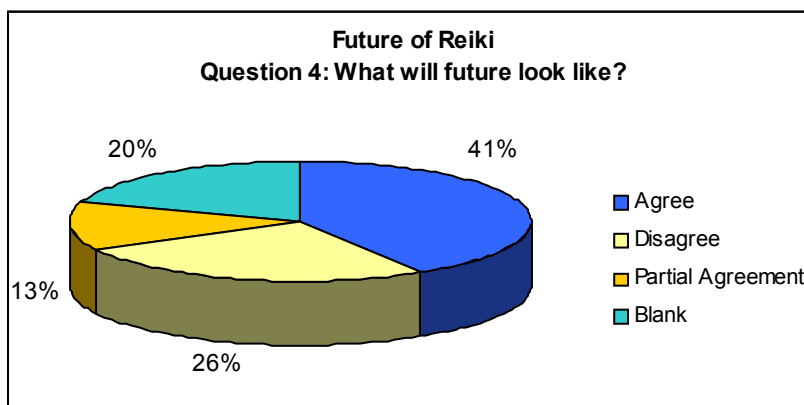
4.3. Question 3: About the Federal Style of regulatory body



The majority of the respondents agreed with the idea of a Federal style or Regulatory body. Those who disagreed or had a partial agreement say that:

- The Federal body has a difficult way of working;
- The statements need clarification, especially about how it will be elected, how long for, who will judge those that presume to judge, etc.
- They will support an exploration of the Federal approach;
- The Federal style may be too rigid. VSR would be better;
- All disciplines need to be set up in the same way as Federal Style;
- The Federal style can bring benefits by reducing duplication and sharing central services and costs. However, there is a danger that smaller groups may be swamped with excessive requirements of other professionals.
- Reiki must not be included under a huge umbrella of therapies;
- It helps the public to have a single point of reference to find out about Reiki, but the issue of registration criteria of multi-therapies has to be clarified.

4.4. Question 4: About the future (standards, process and registration)



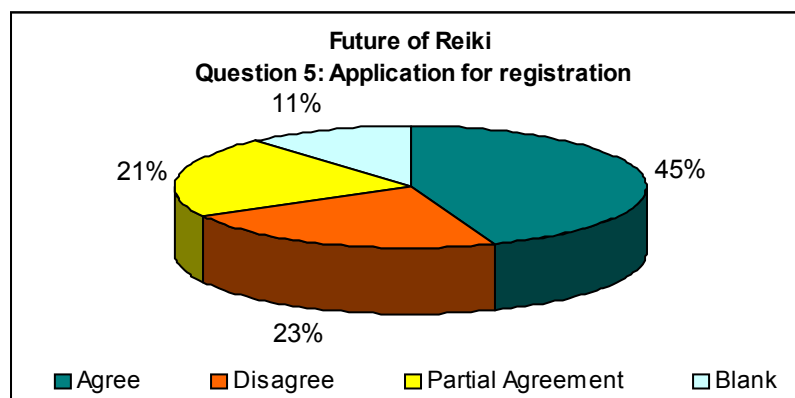
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46% of the respondents who disagreed or had a partial agreement, alleged that:

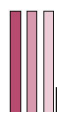
- The statements are only speculative and could be misleading;
- The statements need clarification: who will determine standards and the process? Who has the authority to approve them?
- RRWG should be concerned about time frames;
- RRWG should be concerned about the PFIH framework;
- All Reiki members should be kept informed of developments as they happen. It cannot just apply to Reiki practitioners;
- CPD requirements are not appropriate to Reiki;
- PFIH could compromise practices to Reiki;
- It appears that RRWG is in favour of a Federal Regulatory Body;
- Time table proposed is too quick;
- An attempt has been made to determine the cost, which in any event will disproportionately penalize practitioners who work part-time.

4.5. Question 5: About Registration



The majority agreed with the statements proposed in the Registration bullets. 34% of the respondents who answered in disagreement or had a partial agreement said that:

- NOS should prove that they meet the standards in some way, not just make a statement.
- CRB checks can only be done by employers, not a regulatory body;
- Applicants should not be classified as inexperienced at the beginning of the registration;
- The registration process cannot have any restrictions of where the person works or refer to self-declarations of CRB (Criminal Record Bureau).
- CRB should be independent of the place of work as practitioners may change jobs from first registering to renewal;



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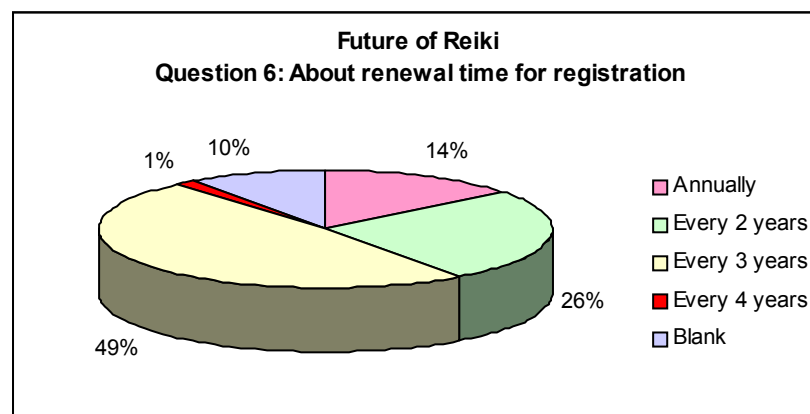
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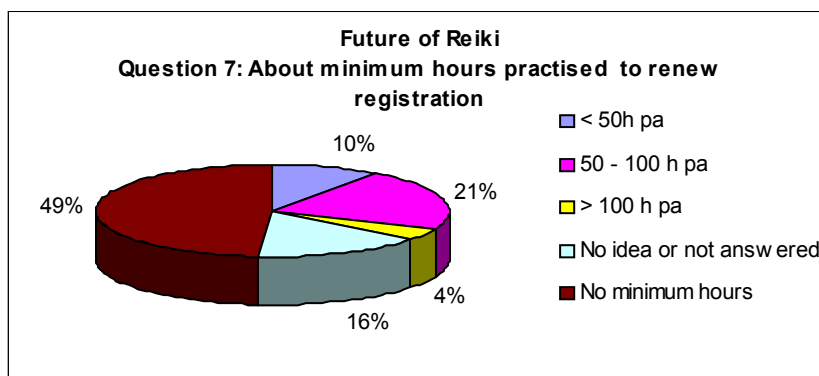
- The statements of the Education and Accreditation standards need to be more specific;
- It is necessary to consider those who live in a rural area and the difficulties they may encounter in obtaining CPD (Continuing Professional Development);
- CPD is relevant only on renewal, not during the application;
- Application documents, which were mentioned in the statements, need to be pointed out and described previously;
- It should include a record of CPD from the registrant and be signed by teacher/master/tutor;
- Accreditation by practitioners will be difficult;
- It should include evidence of First Aid training and a statement of awareness of current Health and Safety regulations;
- The application form and the questionnaire needs to be clarified and approved;
- The application process seems to concentrate on competition and agreement to certain documents;
- NOS documents are overkill.

4.6. Question 6: About the renewal time for registration



The majority of the respondents said that the registration could be renewed every 3 years.

4.7. Question 7: About number of hours practised to renew registration

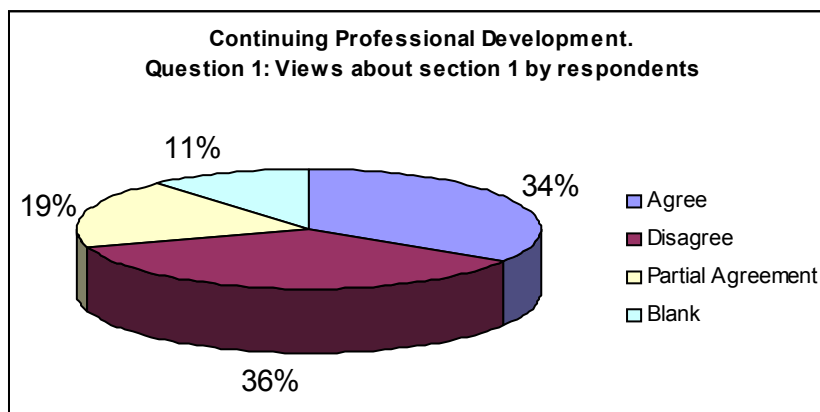


49% of the respondents said that there should not be a minimum number of hours practised to renew the registration. 16% of the respondents were not sure about the minimum time required or did not answer the question. 21% of the respondents agreed with having 50-100 hours per annum as a requirement for registration renewal.

5. CONTINUING PROFESSIONAL DEVELOPMENT

Results – Appendix 4

5.1 Question 1:



36% of the respondents disagreed with the proposals suggested in section 1 of the Continuing Professional Development Document. However, considering also those who partially agreed the total rose to 55%. Those who partially agreed with the statements suggested reviewing the following issues:

- The minimum hours set up for CPD;
- Courses related to the subjects;
- Clarification on all the statements;
- Auditing
- Clarification about what the word “high level” means or how being a teacher will affect the professional Reiki practice;
- Practise daily unless some Reiki practitioners do not work every day.

Some respondents said that:

- The assessment should not be part of CPD;
- The issue of whether the mobile treatment service will be audited should be addressed;
- Self-reflection will be difficult to quantify;
- The statements do not correspond with people who carry out treatments in their own home or teach in different venues.

The respondents who had disagreed said that:

- Practical assessment in the workplace is inappropriate;
- Auditing and assessment seem extreme;
- CPD should be checked on renewal only;



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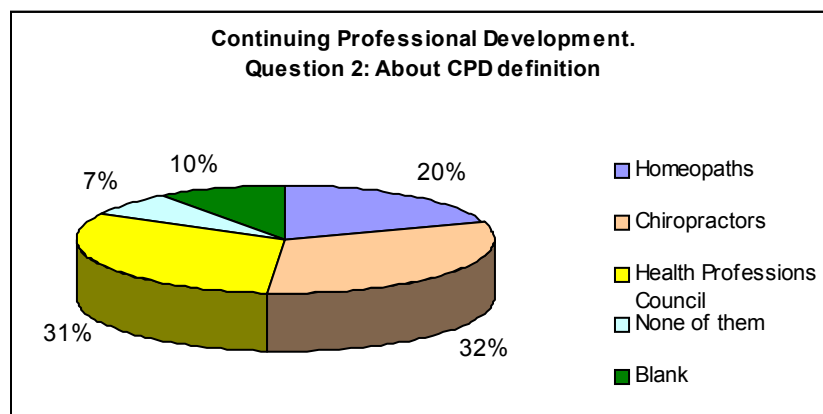
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- Reiki does not depend on the acquisition of academic knowledge. It is not a knowledge-based discipline;
- All the statements needs greater clarification, specially CPD and practical assessment;
- Standards are not relevant to CPD nor is a practical assessment;
- CPD should be proportionate to hours of work. Practical assessment does not audit CPD;
- It will bring extra cost and paperwork, causing a high impact to part-time practitioners;
- Reiki is not a complementary therapy;
- CPD is difficult to apply to Reiki as the only relevant area is self healing;
- No one type of Reiki should be seen to be superior. To say that some practitioners are working at a higher level many offend some.

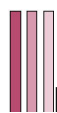
5.2. Question 2:



The respondents favoured equally the definition of CPD given by the Chiropractors and Health Professionals Council.

7% of the respondents who did not choose any of the definitions suggested in the documents, suggested other ones such as:

- “Spiritual healers”
- “CPD consists in the practitioners demonstrate pursuit of further practical skills of theoretical knowledge in the interest of improving therapeutic practice.”
- “CPD is the dynamic process of lifelong learning whereby the practitioner takes responsibility for their own development to meet the needs and care for the interests of themselves, clients, colleagues, individual practitioners and the practice of Reiki.”



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- CPD for Reiki is made up of self-healing others and if needed a range of learning activities through which professionals maintain and develop throughout their career to ensure that they maintain their capacity to practise safely, effectively and legally within their own evolving scope of practice.



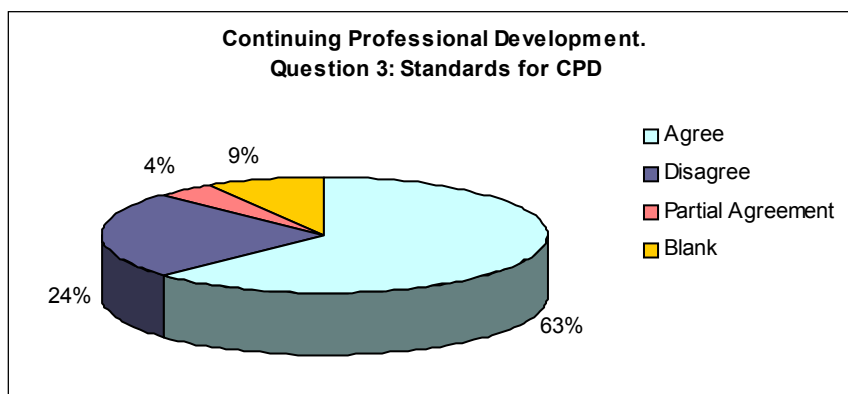
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5.3. Question 3:

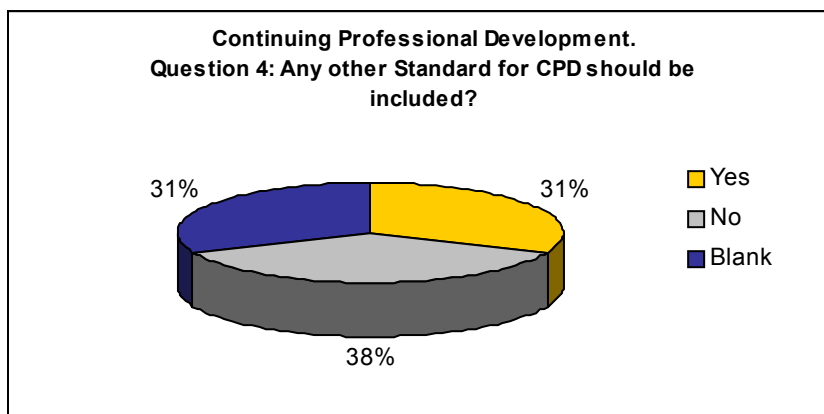


Regarding the standards for CPD, the majority of the respondents agreed with the statements proposed in the document.

Those who had disagreed or partially agreed said that:

- The quality of practice can not be measured;
- CPD should be optional and not compulsory;
- CPD should not be based on the number of hours each year;
- Bullet 3 can encourage and endorse the study of a multitude of spiritual studies that have little relevance to the professional practice of Reiki;
- Bullet 5 is not fair on members who are less academic;
- All the statements need better clarification;
- It will be very expensive and waste of resources.

5.4. Question 4:



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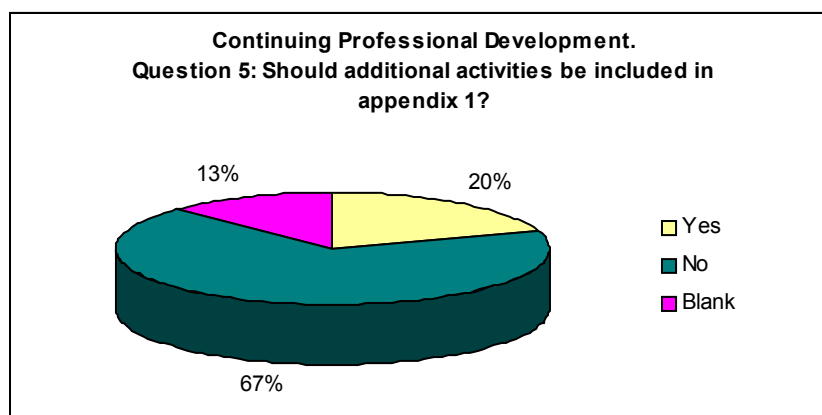
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Regarding question 4 of this document, the majority of the respondents said that no other standard should be included for CPD. However, 31% did not answer the question. This could mean that they were not sure about the statements proposed and required greater clarification.

31% of respondents that believed other standards should be added to CPD had suggested:

- Reflective practice;
- Self evaluation;
- Spiritual aspects;
- Registrant should be able to seek advice if they struggle to attain CPD points;
- Informal reading and other courses;
- Proof of having kept updated on developments within their own Reiki system by contract, workshops, lineage, etc;
- Sabbatical travelling or research;
- Japanese culture
- Minimum number of hours for self healing
- Continuing recognition of the oral tradition and practical orientation of Reiki

5.5. Question 5



The majority of the respondents said that additional activities *should not* be included in the appendix 1.

In addition, some respondents said that:

- Paragraph 2.1 is not in breach of the Disability Discrimination Act;
- Any activity undertaken as part of someone's normal work is not CPD;

Those who answered "yes" had suggested adding the following activities:

- Receiving treatment from other practitioners;



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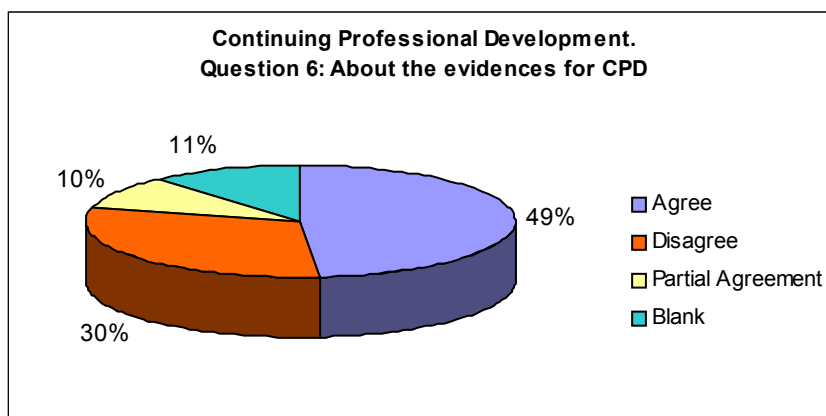
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- First aid training updates;
- Meditation on specific issues, self healing, psychic development, purification, exercises, hatsurei, recitation of Reiki principles;
- Travel to a designated place;
- Reiki treatment via distance / absent healing;
- Maintenance of connections with lineage;
- Coaching others;
- Attendance at conferences and seminars;
- Poetry, journal writing, discussions;

5.6. Question 6:



Regarding the evidences for CPD, 49% of the respondents agreed.

40% of those who disagreed or partially agreed contended that:

- CPD should not be required on the initial registration. It should be demonstrated only on renewal;
- CPD does not link to NOS or codes. CPD should demonstrate a contribution to the practitioner's approach to work and service to the public;
- Location should not affect CPD, not being relevant;
- It will result in a lot of paperwork and bureaucracy;
- CPD should be optional and not mandatory;
- A folder of evidence is not a good idea;
- Evidence only needs to be submitted on audit;
- Bullet 2.3 does not include the use of peer group workshop to enhance practice;
- The statements need clarification about what would be required to prove a confirmation that CPD has been undertaken.



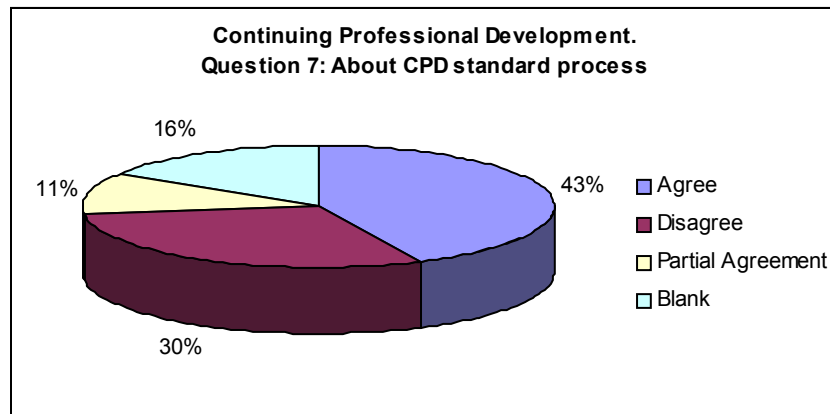
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5.7. Question 7:



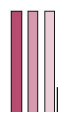
43% of the respondents had agreed with the statements proposed in section 3 of the document. 11% of the respondents, who had a partial agreement, contended that regarding the CPD standards process:

- CPD should be optional;
- Or are concerned about the cost implication;
- Asked for a review of bullets 2 and 4.

One respondent suggested that the record of activities should be required from everyone as part of registration. Another said that the CPD standard process should be required only on renewal of membership or on agreement with the code of ethics.

Those who had disagreed with this section said that:

- The statements proposed are not appropriate to have assessment at CPD;
- Work practices are not CPD;
- CPD should not be undertaken for an employer, but for the individual;
- It is not possible to carry out an evaluation of CPD profiles against standards. There should be record of CPD relating to reflective practice.
- The statements need to be better clarified, especially on the issue of who decides the CPD standards;
- The process is too bureaucratic, complicated and poorly constructed;
- It is an unnecessary work load;
- CPD should be proportional to Reiki activity.



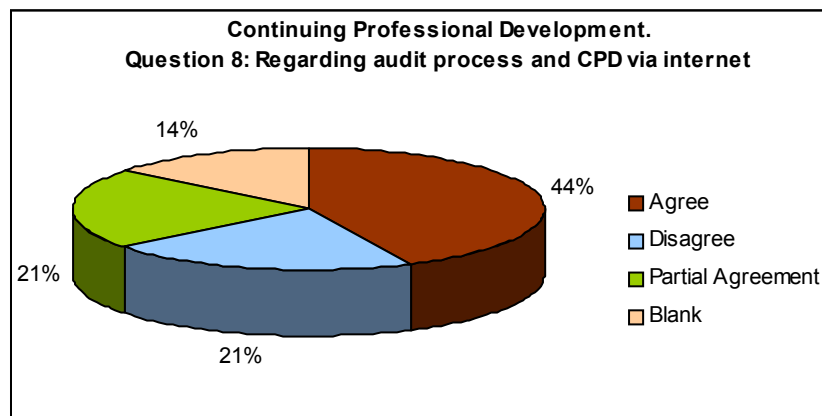
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5.8. Question 8:



The majority of the respondents agreed with the audit process and CPD via Internet as outlined in the document.

The respondents, who partially agreed said that:

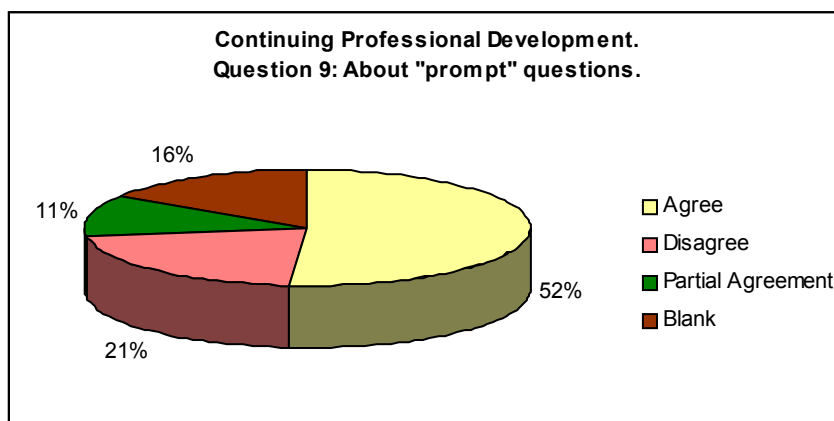
- The statements need clarification;
- CPD should be optional and not audited;
- They disagreed with submission of CPD via the internet and are concerning what would happen with those who do not have computer or the internet.
- Use of the internet needs to be monitored carefully to avoid fraud;
- They are concerned about who will pay for the audit and who will check assessment standards;
- Courses and conferences are expensive;
- Personal journals are personal and confidential;
- 28 days are not enough to submit the profile. 6 weeks was suggested instead of the time proposed in the document.

Those respondents who clearly disagreed with the statements said that:

- Having 2 assessors will increase the cost for auditing;
- CPD assessors need to be registered in United Kingdom Reiki.
- They disagreed with the Internet idea, and instead suggested it would be better to use recorded delivery.
- Clarification is required about who is going to pay for the audit and the standards process;
- To set up a system of assessors is against the spirit of Reiki.

Concerns were similar between respondents who partially agreed and those who disagreed. Taken together these two groups total 42% of respondents, almost equivalent in numbers to those respondents who agreed. Therefore, it appears that a review of the proposed audit process and CPD via internet is necessary, and further clarification needed.

5.9. Question 9:

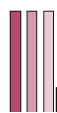


This chart shows that the majority of the respondents agreed with the idea of prompt questions to help complete a pro-forma statement.

16% did not have a clear opinion about it and left a blank answer in the questionnaires.

Those in disagreement or partial agreement raised the following issues:

- Who will decide who is going to be audited?
- What criteria will be used?
- Guidance would be useful in whatever form;
- Most professionals will need training in producing CPD portfolios and plans;
- Prompt questions may help but they will also promote mechanical answers;
- It is too much for VSR;
- It could lead to a 'tick box' approach to CPD. Pro-forma and structures of folders would make the process easier;
- The percentage of audit is too high;
- It will increase administration costs, and the respondents are aware about future fees;
- Practitioners will be left to their own judgment on what they feel they need to learn and documents which may or not may meet the regulatory bodies requirements.



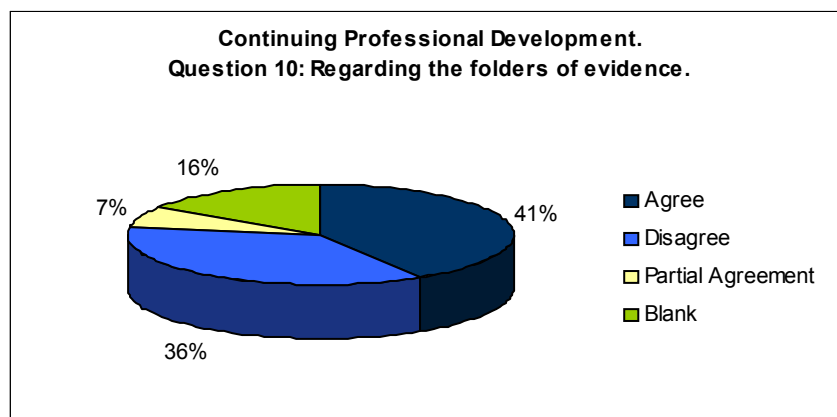
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5.10. Question 10:



Again, it is necessary to consider the partial agreement of the respondents and the blank answers. It means that some topics need better clarification. This group is not clearly in disagreement with the statements, but they were concerned about some issues, which could be reviewed in the documents. They suggested:

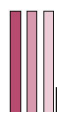
- That CPD should be optional and not audited;
- It could be a questionnaire with tick space plus space for comments for evidences of CPD;
- There needs to be a timeframe for the folder.

The 36% of respondents, who were in disagreement, alleged that:

- 1500 words is excessive for the statements in the registrant's folder;
- The portfolio is a standard commercial approach, but will be alien to most practitioners;
- It will bring a lot of paperwork;
- The process is too long and complicated;
- The statements or answers to prompt question should be enough;
- A summary with relevant reflection would be far more productive.

Taken together 59% of respondent either disagreed, partially agreed or left the question blank. Therefore, I would say that the majority was against the statements proposed in this section.

5.11. Question 11:

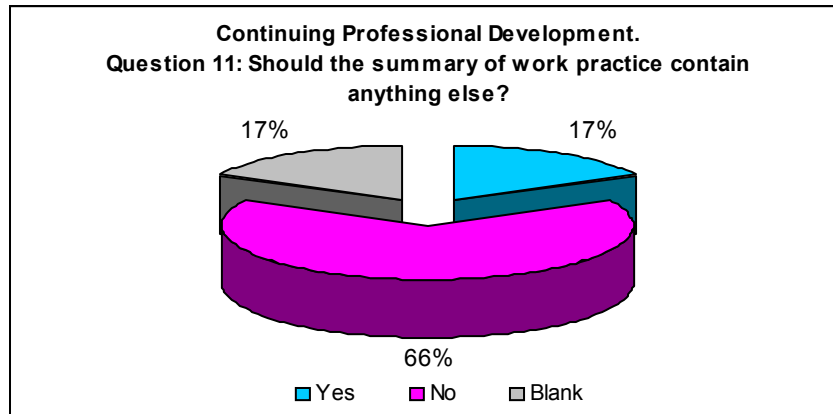


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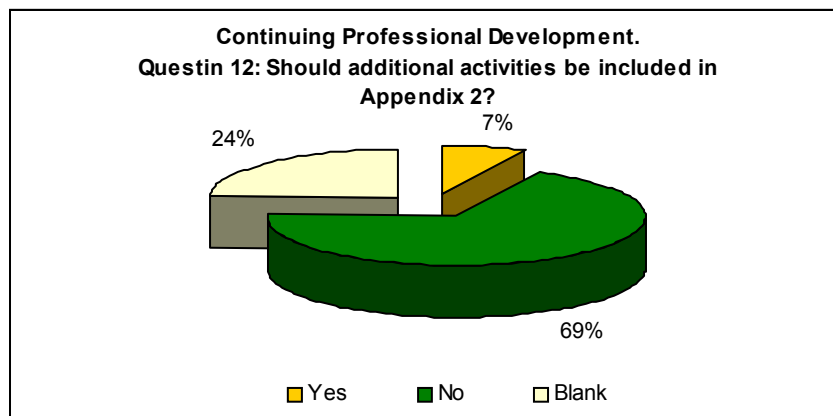
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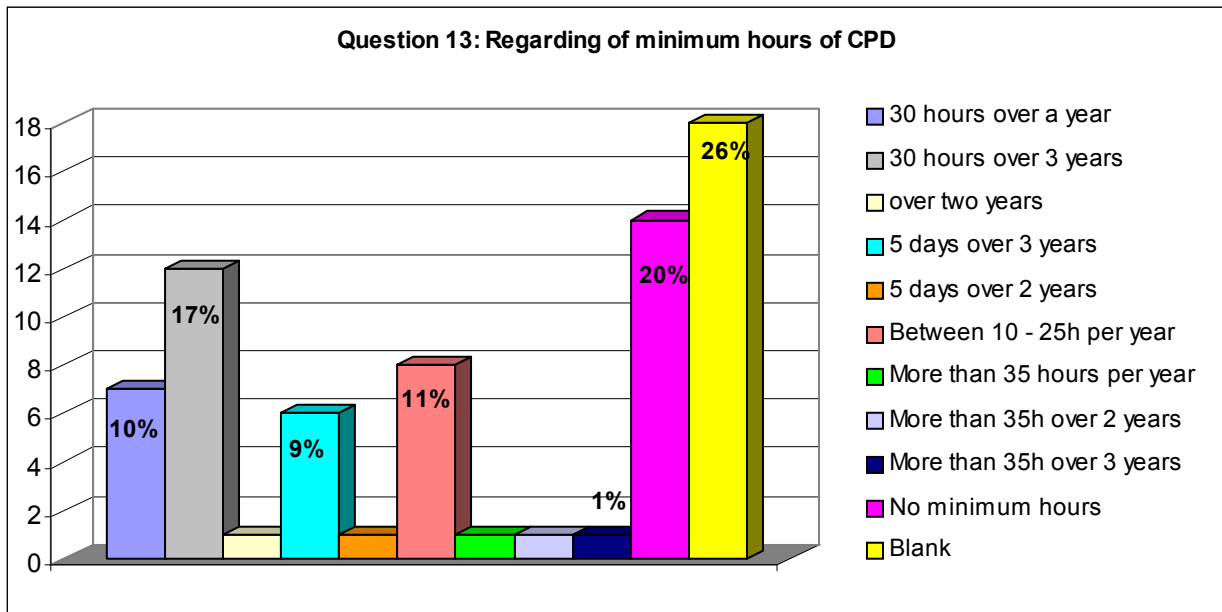
Regarding question 11, the majority of the respondents said that the summary of work practice proposed was sufficient and should not contain any additional information.

5.12. Question 12:



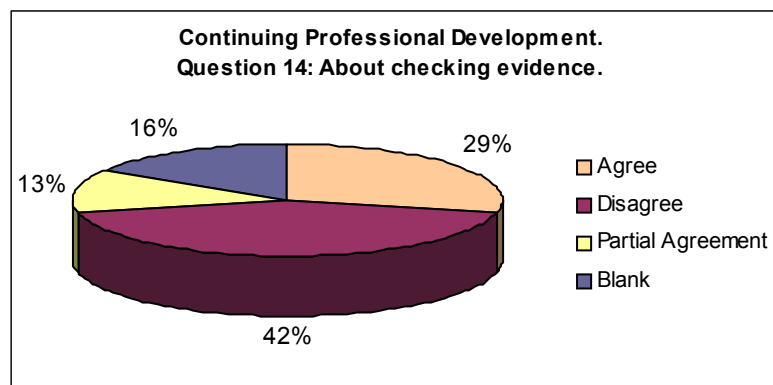
About question 12, the majority of the respondents said that no additional activities should be included in the appendix 2.

5.13. Question 13:



The majority of the respondents (26%) had left this answer blank. It could be a result of an unclear question or they were not sure about the minimum hours of CPD. However, of those respondents who answered, the majority (20%) suggested *not* having minimum hours as a requirement of CPD, whilst 17% suggested a minimum requirement of 30 hours over three years. Some respondents suggested another options, which can be seen the chart above.

5.14. Question 14:



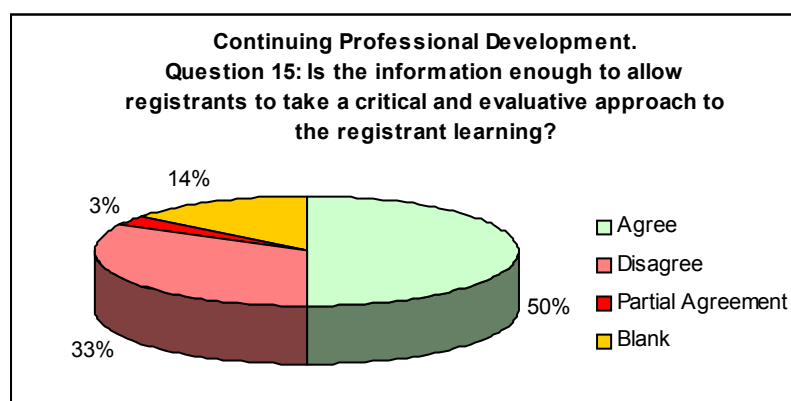
The majority of the respondents had disagreed with the statement proposed. They contended that:

- CPD should not be about achieving more standards. A good assessor should be able to review a portfolio for CPD from evidence given;
- CPD does not require a practitioner to meet yet another set of standards. Proposals are excessive.
- Personal interview should not be necessary since the original documents have been provided;
- It is necessary to keep the costs down;
- To keep the registration to improve the portfolio if an assessor is not satisfied with the evidence provided;
- CPD should be voluntary and optional;
- It should be only required if a person is working in a hospital or health centre;
- It is necessary to trust in the professional integrity of registrants;
- It will require time, competent personnel and resources;
- It reflects a lack of trust.

Those with partial agreement said that:

- Extra time should be provided to a registrant who submits a portfolio;
- Telephone contact would suit the process and keep the fees down;
- It should not drive practitioners to choose CPD methods that are more easily verified rather than what may be more useful such as spiritual reflection;
- It would be possible only if the registrant is not performing at the required professional level, to give no time to improve their portfolio.

5.15. Question 15:



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Regarding question 15, the majority of the respondents agreed that the information asked for in preparing a folder of evidence is enough to allow registrant learning.

Those disagreeing or partially agreeing contended that:

- Spot checks on short summary list with reflective practice statements should be sufficient;
- It is excessive for VSR;
- Proposals are excessive and cost is prohibitive;
- Evaluation and reflection should not have to be in a formal written document. Perhaps video or oral evidence could be installed;
- CPD should be optional and not subject to auditing;
- Reiki does not lend itself to CPD since it is not a knowledge or technique based system;
- The information needs to be clear, simple and more specific;
- They do not want it to become another academic subject;
- Reiki does not need training;
- That is up to the individual and their own initial insight on continuing motivation;
- It would discriminate against some very talented Reiki people;
- It needs to be reviewed to establish effectiveness;
- It is complicated and it will increase the cost of carrying it out.

CONCLUSION

The four consultation documents considered here are:

- The future of the Reiki profession through VSR
- Education & Accreditation
- Code of Ethics and Practice
- Continuous Professional Development (CPD)

Although the respondents' feedback was broadly in support of the majority of the consultation documents, further considerations are required:

- All the documents need to be reviewed by RRWG. Some statements are not sufficiently clear, and require revision or further specific information. For this reason, the respondents raised a number of questions or suggestions for the next review.
- The respondents emphasized the cost of implementing future reforms or procedures. This issue should also be reviewed and clarified by RRWG.