

## REIKI REGULATORY WORKING GROUP

### LIAISON MEETING FOR REIKI ORGANISATIONS

Thursday 24 April 2003 John Adams Hall, 21 Endsleigh Street, London WC1H 0DH

#### PRESENT

John	Cragg	Independent Professional Therapists International
Terry	Cullen	British Complementary Medicine Association
Michael	Endacott	Institute for Complementary Medicine
Tom	Lane	Skills for Health
Liz	Lyden	Reiki Association
Rosemary	Pharo	Reiki Healers & Teachers Society
Hazel	Russo	Prince of Wales' Foundation for Integrated Health
Doreen	Sawyer	UK Reiki Federation – Secretary of UKRF
Barbara	Simpson	UK Reiki Alliance
Mari	Stevenson	UK Reiki Federation – Liaison Officer UKRF
Suzanne	Tyrrell	UK Reiki Alliance
Kay	Zega	UK Reiki Federation - Chair of UKRF

#### APOLOGIES CMA

#### 1. WELCOME & INTRODUCTIONS

Mari Stevenson extended a welcome and thanked individuals for attending. She explained her role as Liaison Officer within the UKRF, and introduced Kay Zega (UKRF Chair) and Doreen Sawyer (UKRF Secretary & Business Co-ordinator).

In her introduction Mari explained that the main aims of the UKRF were development of minimum professional standards, for protection of the public and explained how the UKRF had been actively involved in groundwork meetings that were a necessary precursor for VSR. She acknowledged that other organisations had also been considering these issues and expressed the desire for other Reiki organisations to join with the UKRF in working towards these aims.

Individuals were then asked to introduce themselves:

- Liz Lyden, Treasurer of the Reiki Association
- Michael Endacott of ICM, who explained that he is normally delegated to sit on programmes such as this, as they are interested in developing standards. The ICM represents organisations, not individuals.
- Tom Lane, Project Manager of Skills for Health.
- Barbara Simpson, Vice Chair of UK Reiki Alliance. Suzanne Tyrrell, Co Chair of UK Reiki Alliance
- John Cragg, Independent Professional Therapists International.
- Terry Cullen, British Complementary Medicine Association. The BCMA is very supportive of VSR. They hope to encourage therapists to join associations and be involved with CPD. Main focus of the meeting for them was the exchange of ideas.
- Rosemary Pharo, Reiki Healers & Teachers Society
- Hazel Russo, Project Manager for Reiki, Prince of Wales' Foundation for Integrated Health

#### 2. PRINCE OF WALES' FOUNDATION FOR INTEGRATED HEALTH

Hazel explained briefly how the foundation was set up by the Prince of Wales, and its main aims, viz

- Information to the public and to practitioners
- Delivery, working towards an integrated healthcare within the health service

- Research & Development to support and establish a sound evidence base
- Education and training
- Regulation.

The foundation is not a government body.

Regulation. There is a distinction between professional bodies and the regulatory function. Regulation is primarily about protection of the public. What this is about is development of minimum standards so there is clarity for the public. It is important to have a single voice for each profession. It is a process of VSR. The POWFIH would help to facilitate discussion with the professions. The therapy groups define what things are. The Osteopaths and Chiropractors have SSR, the Acupuncturists and Herbalists are also working towards SSR. The Department of Health will then carry out a consultation exercise. That will have implications for regulation throughout the sector.

They support in the development of standards and codes, and have liaised largely with the UK Reiki Federation to this point. Some of the things they offer are:

- Seminars
- Initiative of supporting groups in finding independent chairs. Some of the therapy groups have found it useful having someone outside the profession helping with the process by chairing the meetings.
- They have a grant aid programme with small matched funds available in order to initiate the process ie supporting initial administration work, providing information, supporting networks, cross fertilisation and sharing of resources.

### 3 SKILLS FOR HEALTH

Tom Lane explained that Skills for Health is a new Sector Skills Council (formerly NTOs). They are:

- Standards setting body – set standards for the sector of health. They can be actively involved in the setting of standards
- Cover approximately 2 million workers
- Licensed by the DES
- Access to funding (for developmental work)
- Links to other SSC/sectors
- Sector Skills Councils (April 2002)
- UK wide coverage

Their remit:

- To develop NOS in competency framework. Standards set by groups can be used for extended job roles in mainstream healthcare.
- Work with key players/sector leads who evolve to form regulatory bodies
- Work with QCA who have responsibility for national qualifications framework. If qualification standards are on framework there is a records process, organisation can draw down government funding in order to deliver those qualifications.
- Inclusive, UK wide, quality issues. Representation holistically. Can recognize different traditions.
- Objective
- Advisory role with regards to standards and qualification. If Awarding Body wants a qualification entered on the national framework they would require the SSC to support it. Look at NOS development etc
- Identify current/future needs (skills for qualifications) ie if entry level needed, could take on board and do some work on it

### NOS

- UK wide
- Output based. Do not describe the training, but what should be seen at the end of the training
- Good practice
- Owned by the sector
- Provide common language. Sometimes definitions need clarification
- Entry routes to the profession
- Building blocks for qualifications
- Subject to revision/updating. Every 3 years standards are revised as good practice changes.

## BENEFITS

- Provide common language for the profession
- Define good practice and practitioner role
- Tool to assess learning outcomes of training courses
- Accredits schools and HE institutions
- Demonstrate clear relationship to other healthcare professionals and quality frameworks
- Tool to measure achievement of good practice, independent of training route
- Facilitates mapping of other professional roles against practitioner status
- UK wide recognition
- Link to CPD

He explained that standards have been around for some time. Mentioned the template standards so that different groups could use them as a basis for other therapies.

Address: Skills for Health, 1<sup>st</sup> Floor, Goldsmiths House, Broad Plain, Bristol

## 4 UKRF UPDATE ON EDUCATION AND STANDARDS' WORK TO DATE

Kay Zega explained what the UKRF had achieved to date, and what had been produced in respect of NOS and the Core Curriculum, and the consultations which had been carried out.

The working groups within the UK Reiki Federation had been involved with the development of the CAM Templates for NOS in conjunction with Skills for Health. They were now waiting to find out if funding has been approved to continue the process for the Reiki specific standards. The working groups had also been involved in the formation of a draft discussion document on The Core Curriculum, for which consultations had been carried out at varying stages both within the Federation, and externally. Feedback from the last consultations were currently being collated.

## 5 DISCUSSION

The meeting was then opened for informal discussion and input from all present.

Liz Lyden thought the Core Curriculum was quite good in terms of good practice, but that there were areas which were not specific to Reiki.

Suzanne Tyrrell explained how the UKRA assessed individuals prior to accepting them for training, also commented about some of the content of their training, particularly in relation to A&P.

Mari Stevenson felt it important that information be disseminated as there were a lot of people who did not know about the organisations, or about the proposed changes with VSR.

Terry Cullen stressed the importance of looking at the whole picture for Reiki, not just from one individual perspective ie not as independent group or independent association, but working to common parameters and a common cause. He felt it was important to have a National Register that agreed common standards of both training and CPD. He also asked what percentage of the Reiki world the organisations represented. Information was given as follows:

Independent Professional Therapists International	N/a
British Complementary Medicine Association	N/a
Institute for Complementary Medicine	Represents 211 organisations, not individuals
Reiki Association	Approx 1022 members, mostly non-professional practitioners
Reiki Healers & Teachers Society	Approx 100 members
UK Reiki Federation	Just under 1100 members, 800+ being practitioners
UK Reiki Alliance	Approx 200-250

Tom Lane explained that there were set criteria in the requirements when developing NOS . Only involve practitioners whilst they have a relationship to training, but in addition to practitioners, need education sector as well. He explained that technical working groups for standards are not decision making bodies, whilst there is representation they are there in development of standards, which go out for consultation as a whole to practitioners.

Michael Endacott suggested that discussions should include a three-tier system of people, with different skills, not just therapists. He also felt it important to work away from proportional representation. He felt it important that information from any meetings be filtered out to smaller organisations.

The subject of lay representation on working groups was discussed. It was explained that patients have an interest in regulation, and therefore it was important to have input from them. By having lay co-chairs on some working groups a great deal of progress had been made because although they may have had an interest in the therapy, they were not practitioners. FIH has been involved in helping membership on working groups. It was mentioned that the Herbal regulation group had 5 lay members, all consulted because of their specific skills.

Hazel Russo explained how NOS work was only part of the complete regulatory process. Working groups would be involved, but it was up to the regulatory group to decide on the criteria ie how many organisations should be involved, numbers in the group etc. It was self-regulated and self determined. FIH can advise on what other groups have done. The whole process of VSR was about accountability, the distinction being made between professional organisations in order to increase public confidence in the therapy.

## 6 AIMS AND OBJECTIVES

### Aims

Suggestions about the group's aims and how the group should move forward were discussed, these included:

- An inclusive group to determine what Reiki is
- Look at the various locations and levels of service where Reiki practitioners might be involved ie private practice, NHS etc
- Identifying groups that may wish to join
- Definition of what a practitioner was, including differing levels of practitioner, clinical etc.
- Developing a unity of standards between all Reiki groups, allowing for variation in styles
- Prepare a safe code of practice of Reiki in a professional way, including disciplinary procedures for those practising.
- Define professional practice of Reiki. Could be people who are paid and unpaid
- Professional practitioners should need to be regulated. Anyone going to the public should be regulated whether paid or not
- Need to have consensus for going forward
- Aims are the same,

### Objectives

- To represent sufficient percentage of practitioners
- Survey who are in professional practice and at what level
- Define criteria of entry
- Standard should be applied to ability to do work
- To meet on a regular basis
- To move forward towards VSR
- Setting up of a national register
- Development of min standards
- To calculate costs to the group, practitioners etc
- Development of regulatory functions ie disciplinary, complaints procedures, and regulatory body at some point
- To ensure that all practitioners are adequately insured.

It was suggested that the meeting could form a working group for Reiki and the title "Reiki Regulatory Working Group" (RRWG) was suggested and agreed upon.

The composition of the group was discussed and it was agreed that an optimum number of 15-20 would be most effective, made up mainly of practitioner representatives, but with up to 5 lay people with specific skills and expertise. Organisations would advise the UKRF of their nominated representative if different from the initial meeting. The need to disseminate information widely was a pre-requisite of the group and anyone attending should be in a position to do this, both for own members and other smaller organisations. Tom Lane stressed the need to look at working practices and disciplinary procedures

There was felt to be a need to understand how many Reiki associations there were. The UKRF had spent a lot of time researching Reiki organisations and for the purpose of this meeting, consultation with the POWFIH, had included only those with min of 100 members. It was felt that smaller organisations could be represented under the umbrella of the larger bodies.

#### ANY OTHER BUSINESS

Individuals were asked to forward suggestions for a future agenda to the UKRF office. The meeting would be on Wednesday 25 June 1 – 4 pm, at John Adams Hall.

Note: All organisations please email copies of their codes to other organisations direct, or via the UKRF. Please keep a record of when sent, and to whom.

Approved by the RRWG 25 June 2003

Signed by: Mari Stevenson