

MINUTES OF THE OF THE REIKI REGULATORY WORKING GROUP held on Tuesday January 15th 2008 in the Bloomsbury Rooms, Canterbury Hall, 11-18 Cartwright Gardens, London, WC1H 9EE

PRESENT

RRWG Chair	Anthony Perry
British Complementary Medicine Association	Terry Cullen (partial) Joan Cullen (partial)
Federation of Holistic Therapists	Edith Maskell, RRWG Treasurer
Open Reiki Group	Jeanne Long
PFIH	Jean Nestor
Reiki Healers & Teachers Society	Rosemary Pharo, RRWG Secretary Jennifer Dean-Hill
The Reiki Alliance	Kate Jones Jan Robinson
The Reiki Association	Grainne Warner Mamta Nanda
The Tera-Mai TM Association	AnnaShepherd
UK Reiki Federation	Robert Jefford Doreen Sawyer
United Kingdom Reiki Alliance	Pauline Kelly
Lay Representative	Nadia Corp
GRCCT	Barry BJ Tanner From 1:30

1 APOLOGIES

Lay Representative	Ruth Kelly
CThA	Kush Kumar

The meeting commenced with a moment of contemplation.

AP announced that DS was resigning from her role as secretary and that RP had agreed to step into the role. KJ proposed a vote of thanks to DS for all her work as Secretary. EM resigned as Treasurer and a replacement was needed.

2 APPROVAL OF MINUTES OF MEETING OF 6 NOVEMBER 2007
Minutes approved with two minor amendments

3 MATTERS ARISING FROM MINUTES OF 6 NOVEMBER
The Code of Ethics was being reviewed. Other matters arising to be dealt with in the course of the meeting.

5 VETTING AND BARRING SCHEME UPDATE - JN

JN reported that she had been in contact with DH in December. However the process was being delayed. The consultation had started in late November and runs until the beginning of Summer 2008. Results will be available in the autumn. JN confirmed that for complementary therapists the requirement will be seeing one person more than three times in a month. However, if therapists saw a number of people each less than three times a month, it would be in their interest to join the scheme. In response to the suggestion that registering with this may be a condition of insurance in future, DS said that underwriters were currently not considering this. JN to send on consultation web link. Suggestion that could be a condition of insurance.

Action: JN

6 THE WAY FORWARD: PRESENTATIONS

AP proposed that following the presentations organizations consulted with their members and came back with a decision as to which option to support by 31 January 2008.

a. Single Regulation

DS presented the case for single regulation.

The background to the current proposals was the 2000 House of Lords' report, which had placed Reiki as a category 2 therapy. Originally UKRF had worked directly with what is now PFIH on a lead body for Reiki and then invited other organizations to come together in March 2003. Since then the RRWG had agreed NOS, a code of ethics, consulted with the Reiki community and was writing a core curriculum and grandparenting recommendations for registration. The 2005 Stone report for PFIH recommended a federal structure over a single structure and in 2007 the RRWG had accepted a place on the FWG set up by PFIH. It has become clear the government is not in favour of the complexity of a multiplicity of regulators – “the time for individual registers is over”. However the RRWG had decided that the FWG model (the Natural Healthcare Council) was inappropriate for Reiki.

A single regulator for Reiki meant established two separate bodies: one for the regulatory council and one for the professional lead body. A single regulatory had to be entirely financially dependent on registrants. It was pointed out the AC single register had gone bankrupt within the first 12 months.

DS outlined the target market: the RRWG represents around 10,000 Reiki practitioners. There are probably another 10,000 who are not members of any professional association.

She asked who benefitted from single regulation? Multi-disciplined practitioners (up to 90% of UKRF members are multi-disciplined) are unlikely to join a single register, vastly reducing the potential number of registrants. Single registers could be confusing to the public. The AC register collapse had not reflected well on the aromatherapy profession as a whole.

DS outlined a very conservative budget of £120,000 per year. If 1000 registered, fees would therefore have to be set at £120 each.

She stated that “if the purpose of regulation is to protect public, the public is not protected if the majority of practitioners are operating outside the system”.

JR expressed thanks for the summary.

Action RP to circulate presentations

There followed a general discussion on the need for regulation. Currently organizations are acting as interim registers. It was thought that those working in hospices and NHS etc would probably need too. EM pointed out the principle behind the original House of Lords report was integrated medicine and common standards of qualifications, hence the need for core curricula etc. There was a suggestion that long-term, regulation may become statutory.

b. BCMA Model

Presentation by TC.

TC summarized that Reiki Practitioners wanted: good training, equal opportunity, recognized professionalism, governance sympathetic to their therapy, economic yet supportive registration and registration system that they can understand, afford, have input into and about which they have enthusiasm and confidence. After outlining the needs of the public TC stated that BCMA thinks that a federal approach is best for the public due to there being one focal point. Therapists needed to accept that public expectations have increased and need to have input in order to protect the therapy as well as the public. Apathy was not the answer. TC outlined the schemes on offer: the Natural Healthcare Council, which is only for the protection of the public and which is supported by the DH and the GRCCT.

The BCMA option has a body that will be independent of the BCMA for disciplinary matters. Administration would sit in the same BCMA office. 16 therapies are currently producing standards of practice for the BCMA to mirror NOS, but in more accessible language and terminology. Copies of all this documentation will be made available at the request of the RRWG. TC thought that if therapists don't understand, they won't join a register. BCMA was adamant that the body had to have a wing that protects the therapy. In terms of structure, the council will have therapy representatives as well as lay members. If members had any questions they could ring 0845 3455977. TC would also be available all week for questions.

In response to AP, TC said the BCMA model was likely to be launched in early Spring. The subscription fee was likely to be £20 for BCMA membership and £20 for registration.

It was confirmed that in order to join the BCMA register, registrants had to join the BCMA via a Professional Association. TC reiterated that the VSR body was independent of the BCMA body. RJ asked who was providing advice on Reiki. TC replied that no-one was. The RRWG would need to look at the generic processes put together and then decide what appendices needed to be added to meet the needs of Reiki. KJ asked what would happen if a group of Reiki people came separately from the RRWG. TC responded that if the RRWG joined, it would be in charge of Reiki. MN asked for more clarification on how independent the BCMA and regulatory body were from each other. TC replied that the link is via admin. The members for the VSR council would come from the BCMA. There was to be a Chair plus three or four lay members, depending on growth. Each therapy would have one person on the council. While on the council the representative could not be a member of the BCMA via a PA. In response to questioning TC confirmed that reps could be independent practitioner members of the BCMA and not part of an association. GW expressed

concern that this model would rely on a single person representing Reiki on the Council. TC replied that it would be a democratic vote by associations in a therapy. There was a business plan for the model. Reiki was not listed in the 16 therapies.

c. GRCCT

BT introduced himself as having a long history in compliance, regulation, complementary health and education. He outlined the history of CAM regulation stretching back to the 1996 Lannoye report which suggested that all CAM practitioners should train to degree level, especially in A&P and all preparations should come under the pharmaceutical industry. The result was that CAM organizations had started talking to each other. However, it was the 2001 – 2005 Shipman Inquiry that had changed everything. BJ outlined the GRCCT structure. Individual therapies have a VSR setting standards for each profession and tell the regulator what to do. The Federal structure provides a single point for the public, checks status and can e.g. register complaints. Economies of scale mean that it remains affordable. No funding is required from DH and PAs etc.

BT believed that the public wanted somewhere central to check and find someone and to take complaints, which from his experience are often concerning interruptions or personal hygiene, not safety or malpractice. Practitioners would gain authority. A robust structure was needed for each therapy. While a voluntary register does not have 'teeth', the higher public awareness gets, the greater the ability of a Regulator to act effectively as a statutory body. RJ reported that the head of Jikkiden Reiki has instructed all Jikkiden Reiki people to join GRCCT.

Most GRCCT documentation was already in place or near to this. The GRCCT has links to a number of VSRs.

BT believed that if a regulator is funded, it is not independent, whether this is private or public funding, because there will always be key performance indicators to meet. The GRCCT cost is £30 for one therapy and £5 for each additional therapy. Non PA members would be charged at £130. All that is needed was an overarching regulator which is not an expensive process.

Each profession has a VSR, which sends a member to sit on the federal regulatory council. There are equal numbers of professionals and lay, chaired by elected lay chair thus giving a direct route from regulatory council to the profession. The positions on the regulatory council are not fixed. They are roles and not jobs. Each meeting, the VSR sends someone with the most appropriate knowledge and expertise for the business of the meeting. This stops domination by specific individuals, gives direct feedback and gives opportunity to put forward the best individual for the business of a meeting. Funding: each VSR receives £3 per registrant to cover admin. PAs are not funding the process, so there is no vested interest. The VSR sets therapy-specific CPD, with minimum of 4 meetings a year. VSR size is always appropriate to the size of the therapy.

The VSR is responsible for dealing with profession-specific enquiries from the public and the regulator, producing leaflets etc. and maintaining a therapy-specific website. PA's accredit schools using an agreed generic process, checked periodically for

quality assurance. VSRs check these. Therapists are responsible for their registration and choosing appropriate trainers.

BT provided a business and operational plan which was shared with the RRWG. The business plan requires an average 35 people a week to join or 3,800 over the first two years. Currently 50 people are joining on average per week.

The regulation system is on-line and paperless, checking via PA-validated individuals. All queries and non-PA validated registrants are referred to the VSR for approval. Each registrant agrees to keep up-to-date with skills and qualifications. All Reiki registrants have to meet the criteria defined by the RRWG. The Reiki group has to confirm which organizations have the validation criteria to ensure prospective registrants meet criteria. EM stated that a regulator needs a knowledge base for profession-specific matters, which this group can supply. Practitioners will choose whether to register and which register they want to sign up to.

In the absence of representatives of BCMA and GRCCT, there followed a general discussion on the various regulatory options. DS believed the BCMA was not independent. Based on the fact that most Reiki practitioners are multi-therapists, she would personally go for GRCCT as it was robust, even though there may be things that needed 'ironing out'. KJ thought that a single regulator may be less work than was thought but EM pointed out that the government was not prepared to support single regulators. JN confirmed this. EM stated that it was clear that, long-term, regulation would be applied to all professions. KJ thought that many Reiki people wanted something that is Reiki only. DS said that she knew very few Reiki-only practitioners. RJ said that, personally, out of all the models that were available, he would recommend GRCCT. It was the best for Reiki practitioners and would enable the professional to retain control of Reiki. Regulation was here to stay and we could bury our heads and be buried or move forward. RP concurred with this. JL interjected that while she like the idea of a single Reiki directory, and she was a Reiki-only practitioner, she had multi-disciplined members and had to think of their needs. EM: believed that, for Reiki, there was no real difference between a federal regulator and single regulation if the profession retained total control as the lead body for Reiki. PK was in agreement with this. AS also agreed that out of the three models, that GRCCT gave Reiki the most control within the umbrella of a regulatory organization. JDH thought the GRCCT was definitely a good model. She re-iterated the fact that, at practitioner level, most people are multi-therapy, that Reiki would still be in charge of Reiki and yet would be under an umbrella with the back up of the GRCCT who seemed to have considerable regulatory knowledge and professionalism. KJ agreed that the GRCCT model is the model that would work, though she had some concerns about the integrity of the organization. JR that what the RRWG was being offered was unique, as Reiki was unique. Although she shared a little anxiety with KJ, it did give Reiki the biggest voice and was the model she would support at that moment. MN wondered if the RRWG could wait and see how it all turned out. RJ responded that if the members of the RRWG had any concerns, they should go directly to BT. This was a model where our voice counted. NC: said that it was a central register should be easy to verify the numbers of people on the register.

Action: NC to check numbers and tell RP

7 ARTICLE IN THE TIMES NEWSPAPER, SATURDAY 5TH JANUARY

AP outlined the content of this article. Article states that Reiki will be regulated by the FWG (Natural Healthcare Council) . However KL had written to the RRWG that “the FWG will not suggest in any future documentation that the RRWG supports the final agreed model”. JN stated that PFIH did not write the article and had been telephoned for quotes on the afternoon of Friday 4th January. PFIH had since had an apology from the Times reporter for the article. There was a press statement on the PFIH website, but the Times would not print an amendment. No press release had been produced. It was front page news as it was simply a quiet time in January. AP asked JN if there was a note on the PFIH website saying Aromatherapy, Reflexology and Reiki had withdrawn from FWG. JN advised AP strongly to contact the Communications Director of PFIH, Natasha Findlay (sp to be checked).

8 CORE CURRICULUM UPDATE

KJ asked for feedback from the CC, either at the meeting or subsequently. There was a consensus in the room that all Reiki-specific elements should be taught only by Reiki Masters. The number of learning hours had been reduced. Total learning hours had been reduced to 160 hours in total. KJ asked for feedback on suggested study hours. The practitioner skills element needed most attention as this had not been generally taught. DS outlined what business essentials covered, including health and safety and code of ethics. The practitioner-specific element has been redefined and feedback was requested.

As people taught different things at 1st and 2nd degree level, the curriculum didn't include the basic learning of Reiki, but included those competences that were needed to ensure compliance with the minimum standards of NOS. The core curriculum was about developing practice. People should know how to give a treatment before this. DS reminded the group that with APL/APEL you match the training to the NOS. If an appropriately qualified person can see that you have covered this already, then it is not necessary to redo. Regarding Anatomy and Physiology, there were concerns that there should not be too much of this and feedback was requested. KJ asked if the core curriculum and NOS were clear enough as to what was required and it was generally thought that they were. There was still some cross-referencing to do with the Code of Practice, which needs to be carried out in conjunction with the feedback from the consultation.

Action: all by end Feb.

9 DATE OF NEXT MEETING – TUESDAY 5TH FEBRUARY 2008

10 AOB

There had been an email from JN concerning a statement from Reflexology Forum. AP asked why PFIH wanted to bring up. JN stated that she just wanted to draw this to RRWG's attention. KJ wanted to put out a statement that this statement is incorrect. RRWG did not collaborate in formation of GRCCT.

Action: AP to respond.

The meeting closed at: 3:31pm

Next meeting: Tuesday February 6th. Venue TBA.

ABBREVIATIONS

AC: Aromatherapy Council, the defunct single register for aromatherapists
AOR: Association of Reflexologists
AP: Anthony Perry
APEL: Accreditation of prior experience and learning
APL: Accreditation of prior learning
AS: Anna Shepherd
BT: Barry BJ Tanner
DS: Doreen Sawyer
EM: Edith Maskell
DH: Department of Health
FWG: Federal Working Group. Group set up to explore federal regulation under the auspices of PFIH. Successor body to be named NHC (Natural Healthcare Council)
GW: Grainne Warner
JDH: Jennifer Dean-Hill
JL: Jeanne Long
JN: Jean Nestor
JR: Jan Robinson
KJ: Kate Jones
KL: Kim Lavelly, Chief Executive of PFIH
NC: Nadia Corp
NOS: National Occupational Standards
PAs: Professional Associations
PFIH: Prince's Foundation for Integrated Health
PK: Pauline Kelly
RJ: Robert Jefford
RP: Rosemary Pharo
TC: Terry Cullen
VSR: Voluntary Self-regulating body, used in the GRCCT's terminology to signal a therapy lead body.