

## **Report: National Institute Complementary Medicine, Stakeholder forums August 2007**

Australia has one of the highest levels of Complementary Medicine use per capita in developed nations, yet to date it has invested little in related research. This imbalance is set to change with the provision of \$4 million in federal funds over the next two years for a National Institute for Complementary Medicine (NICM) to be established at the University of Western Sydney, together with an additional \$600,000 from the New South Wales Office of Science and Medical Research (OSMR).

*The four core areas of NICM activity are to:*

- 1. Set **National Research Priorities** for CM research.*
- 2. Coordinate **National Collaboration** including shared infrastructure to enable better value from our research investment.*
- 3. Support **Capacity Building** through postdoctoral training in order to extend the breadth and depth of Australian CM research and to ensure adequate numbers of appropriately trained complementary medicine research personnel into the future.*
- 4. Disseminate **Research Findings** to health practitioners and the general public to ensure that Australians have access to the information they need to make well informed decisions about their health.*

*Reiki Australia* was the only Reiki stakeholder represented at the NICM national forums that were held in August 2007 in Sydney. The forums provided information and the opportunity for stakeholders to convey their opinions. Participant feedback determined NICM's national priorities:–

***1. Priority should be given to research that has the potential to impact positively on health and wellbeing of all Australians. Rather than simply align research to national health priorities, emphasis should be given to the areas of high burden of disease where preliminary evidence is strong and demonstrates likelihood of positive impact.***

***2. Priority should be given to research that elucidates safety, efficacy & cost effectiveness of CM and translates this into policy and practice.***

***3. Priority should be given to research that investigates***

***methodological issues relevant to the complex nature of CM.***

*These include the development of methodological tools, such as measurement instruments, trial designs and pharmacological approaches which may impact on our understanding of the whole practice, concepts and mechanisms underpinning CM.*

NICM acknowledged that funding allocation would be highly competitive and within strict guidelines. It seemed evident at the forums that research into herbal pharmacology, and other products and therapies that could attract commercial partners, were likely to be the preferred initial funding recipients. Expect research into Reiki to be down the track.

Prof Stephen Myers, a member of the NICM advisory team, confirmed that they would adopt the classifications defined by the US National Center for Complementary and Alternative Medicine which classifies Reiki as a biofield therapy under the category Energy Medicine. In response to questions about future research into the effects of Reiki he advised that, in the absence of a national practitioner qualification, it will first be necessary for the Reiki treatment industry to reach agreement on practitioner standards through identifying what is good practice and what is weak practice.

The establishment of NICM may provide the inspiration for Australian Reiki industry stakeholders to reach agreement on practitioner standards when the Health Training Package is again reviewed in 2010.

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