

Submission To The Committee On The Health Care Complaints Commission

Unregistered Health Practitioners

The Adequacy And Appropriateness Of Current Mechanisms For Resolving Complaints

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Background

NRRG was formed in December 2005. It consists of representatives from Australian Reiki organisations who are liaising with the CSHISC (Skills Council) in the development of two new qualifications for inclusion in the Health Training Package (HTL02); Certificate IV and Diploma in Reiki Treatment Practice in Community Services and Health Care Settings. (For a list of NRRG membership please refer to www.nrrg.org.au)

NRRG has agreed to form an umbrella body and is discussing means of managing the professional arm of those working in the Reiki treatment industry. Options being considered include: administering a national register of Reiki treatment practitioners; acting as a Reiki treatment industry advocate; processing consumer complaints and handling discipline.

Reiki

Mikao Usui developed the system of Reiki in the early 1900s in Japan. It is comprised of a number of elements that promote healing in the body on physical, mental, emotional and spiritual levels. This energy is called ‘Reiki’ which translated from Japanese means ‘Spiritual Energy’ and in the West is more commonly known as ‘Universal Life Force’.

The public seeks access to Reiki in two capacities:

- A Reiki classes which are undertaken for personal interest and for self treatment and treatment of those in one’s close circle i.e. friends, family.
- B Reiki treatments from a Reiki practitioner sought as a holistic healing therapy, often as an adjunct to other medical, complementary or psychotherapeutic treatment

IMPORTANT: The latter is the subject of NRRG’s submission. The former constitute personal and spiritual practice.

Reiki Treatment

One who has completed training in the system of Reiki is called a Reiki practitioner. During a treatment a practitioner consciously offers energy through the hands using hand positions on, or just above the body, to support healing. Practitioners also work with Reiki on themselves.

Practitioners of Reiki claim to offer *healing*, not cure; however, a cure may take place and we should not deny hope. Pain reduction, whatever the source, and a sense of relaxation and comfort, is commonly experienced by the recipient.

ISSUE NO. 1:

Do existing mechanisms offer consumers an effective means of dealing with their complaints against unregistered health practitioners?

The discussion paper suggests that the disproportionately small number of complaints, received by HCCC, against unregistered health practitioners may not be a true reflection of consumer dissatisfaction with alternative health care. Whilst we agree that this may be the case to some degree, NRRG claims that this disproportion may also be a reflection of greater consumer satisfaction with the service provided by alternative health practitioners.

Reiki has been recognised as contributing positively to the psych-social care and quality of life outcomes of people receiving treatment for Cancer. Various submissions to the *2005 Senate Committee Inquiry Into Services and Treatment Options for Persons with Cancer* refer to Reiki in this capacity. We draw your particular attention to the detailed *Patient Care Report* submitted by Sir Charles Gairdner Hospital Brownes Cancer Support Centre Research Committee.

There is currently no compulsion for Reiki practitioners to belong to a professional association, nor for existing associations to have complaints handling and disciplinary procedures. Those that do are limited to investigating complaints about their members and are prohibited by Privacy

laws from advising other associations of cases where a complaint has been upheld and the member discharged.

Whilst breaches of the Trade Practices Act and criminal matters may be referred to relevant authorities there is an unacceptable gap in protection for consumers of Reiki services provided by practitioners who do not belong to a professional body. NRRG's preferred solution to closing this gap lies in the consumer education function of the proposed umbrella organisation.

The role of the HCCC in handling complaints of a less serious nature should be education of consumer and practitioner, conciliation, and facilitation of appropriate therapeutic solutions for the complainant.

Professional development is a relatively recent development and the Reiki treatment industry is in the process of shifting from a personal practice that has a healing application, to a professional practice context where the practitioner is responsible for ensuring that the rights of health care consumers are met. Reiki practitioners are often qualified in another therapy and bring their professionalism to their Reiki treatment practice. It is expected that discrepancies in quality of service delivery will be effectively addressed by the inclusion of Reiki treatment practitioner qualifications in HTL02 and by the establishment of the national umbrella body.

Issue No 2

Do the provisions of the Health Care Complaints Act 1993, relating to unregistered health practitioners, require amendment?

NRRG objects to the unhelpful categorisation of Reiki with high-risk therapies such as deep tissue massage and herbalism for which HCCC reasonably needs greater powers to protect consumers. Reiki treatment is categorised as a low risk therapy (Ref: Michael Weir; *Complementary Medicine: Ethics and Law*, Prometheus Publications in 2000)

NRRG believes that the provisions of the Health Care Complaints Act require amendment in order to respond to complaints against unregistered practitioners of therapies, which pose actual risk of harm.

In the event of introduction of umbrella legislation to cover unregistered health practitioners, NRRG would not object to such legislation extending to Reiki practitioners; not because the occupation carries inherent risk, but because alternative practitioners, who did not meet registration requirements, might seek shelter in membership of Reiki organisations.

Generic entry criteria and the development of a uniform code of conduct should be undertaken only in consultation with relevant industry bodies.

NRRG disagrees with HCCC imposing uniform complaints handling and disciplinary procedures upon Reiki practitioners. This level of external regulation is deemed unnecessary and compliance costs would necessitate increasing association member fees. If implemented, NRRG would want

assurance that low risk practitioners were not subsidising the handling of complaints against practitioners of high-risk therapies.

Issue No 3

Is there scope for strengthening self-regulation in unregistered fields of health care?

New qualifications in the VET and higher education sectors are continuously being developed in response to the emergence of alternative therapies that are increasingly accessed by consumers. NRRG suggests that practitioner awareness and responsibility for ensuring consumer rights may be strengthened via these qualifications if legislation required these competencies to be incorporated into practitioner training.

The strengthening of self-regulation of Reiki practitioners will additionally be addressed by the formation of a national umbrella body, through proposed functions of holding a national register of practitioners, and uniform complaints handling and disciplinary mechanisms. It is expected that motivation for Reiki professional associations to get involved and for Reiki practitioners to become registered with the umbrella body will be provided by market forces. This will resolve many of the problems caused by professional fragmentation.

The NRRG would support introduction of title regulation for the occupation, as in, *certified or registered Reiki practitioner*.

Issue No 4

Is further statutory regulation of unregistered practitioners required?

It is widely held that there are no inherent risks associated with any specific practices of Reiki treatment, however, the activities of the occupation pose generic risks to the public, particularly since people seeking Reiki treatment are likely to be vulnerable, for example – be suffering a life challenging illness, be withdrawing from addictive drugs, be averse to seeking medical attention, be desperate having exhausted other avenues of treatment.

Whilst NRRG support proposals for statutory regulation, by those peak bodies representing practitioners in the high-risk therapies, assessment of the occupation of Reiki practitioner, against the six AHMAC criteria, does not support statutory regulation of Reiki practitioners.

The Health Training Package provides national competency standards for Reiki practitioners. The endorsement of the proposed Reiki Treatment Practice qualifications (Ref Review of HLT02), and the establishment of the proposed umbrella body, will provide adequate means to regulate and improve the overall standard of Reiki treatment services to the public.

Notwithstanding our response to Issue No 2, relating to introduction of umbrella legislation to cover unregistered health practitioners, NRRG advises the committee that support for external registration is not present in this sector.

NRRG supports efforts to strengthen consumer protection. We agree that practitioners of the high-risk therapies should be subject to registration. With regard to low risk therapies, such as Reiki treatment, we favour increasing both public and practitioner awareness of consumer rights through education.

NRRG draws the committee's attention to the fact that the Reiki treatment industry is in the emergence stage. Industry development will be progressed by the availability of a uniform national standard provided by the new qualifications. These qualifications have currency insofar as they address industry drivers affecting demand, now and in the immediate future (Ref HLT92 Review: Discussion Paper CSHISC2004). Industry development is expected to be further supported by the establishment of an industry umbrella body.

NRRG draws your attention to the potential negative impact of regulation that relies on industry-specific qualifications as a means to restrict unregistered practitioners. Any such untimely requirement would significantly reduce the capacity of our industry to respond to increased demand for Reiki treatment services and would be directly at cross purposes with Recommendation 17 of the recent Senate Committee Report:

The Committee recommends that psycho-social care be given equal priority with other aspects of care and be fully integrated with both diagnosis and treatment, including the referral of the patient to appropriate support services.

(Ref: 2005 Senate Committee Inquiry Into Services and Treatment Options for Persons with Cancer)

The effective development of our industry would be compromised at this fragile stage in which care must be taken not to remove from the community precisely the most valuable resources- i.e. Reiki practitioners, with or without other qualifications, who have been safely providing Reiki treatments for many years that satisfy consumer need for healing and psycho-social support.

NRRG would like the opportunity to be involved in any development of complaints handling mechanisms or creation of new powers to regulate Complementary and Alternative health practitioners. NRRG would be happy to provide further information to the enquiry.