

**REPORT**  
*by REIKI AUSTRALIA*

**REIKI TREATMENT PRACTICE DRAFT 1  
QUALIFICATIONS**

**FOR INCLUSION IN THE  
HEALTH TRAINING PACKAGE  
HLT02**

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# Report

## Reiki Treatment Practice Draft 1

### qualifications for inclusion in the Health Training Package HLT02

This document has been prepared to assist stakeholders to better understand inclusion of the proposed Reiki Treatment Practice qualifications within Australia's National Training System<sup>1</sup>. This document is not designed to duplicate information that is publicly available from official sources.

**October 2005**

*Imagine a situation that places Reiki at every bedside in every hospital, hospice, nursing home and relevant community facility in the country, and lays the foundation for the possibility of evidence based Reiki research?*

*Having a Reiki Treatment Practice included in the Health Training Package would make it a nationally accredited qualification, establish appropriate standards for the practice of Reiki in professional treatment practice, and enhance the reputation of Reiki in order to bring it into greater acceptance for use in settings such as those listed above.*

## 1 INTRODUCTION

### 1.1 The purpose of this Report

The purpose of this report is to:

- provide background information to Reiki Australia's contribution to the proposed Reiki treatment practice qualifications;
- identify areas for consideration for current Reiki treatment practitioners;
- clarify the distinction between Reiki lay and professional practice;
- explain the rationale for Reiki Australia's proposal for defined forms to be the foundation of the qualification; and
- flag issues and possible approaches to the inclusion of forms of Reiki practice that reflect the rich diversity of practice;

### 1.2 Overview

Reiki Australia has developed a flexible approach to the qualification which enables the perseveration of Reiki as spiritual practice and healing art. This approach provides for inclusion of practices and a professional framework containing the knowledge and skills to suitable prepare Reiki practitioners working in community and health facilities.

### 1.3 Some background information

*Reiki Australia* has been involved in the Review of the Health Training Package (HLT02)<sup>2</sup>, through attendance at public discussion forums and input of written submissions. A Professional Standards Team has been working collaboratively with the Community Services and Health Industry Skills Council to make a significant contribution to the first draft of Certificate IV and Diploma qualifications for Reiki Treatment Practice. These qualifications are supported by feedback from four and a half years of consultation with the Reiki community and other stakeholders.

The proposed qualifications would provide a vehicle by which Reiki practitioners can gain a government-accredited qualification as a treatment practitioner that is accepted Australia-wide, and that would ultimately build the credibility of Reiki within the conventional health care community.

The proposed Reiki treatment practice qualifications address the key concerns and requirements of the Reiki community for a standard that:

- preserves Reiki as a spiritual practice and healing art;
- acknowledges diversity of practice; and
- can be applied in a number of work roles including volunteer, independent practitioner, specialist practitioner, practice manager, supervisor or researcher.

Draft 1 of the Reiki Treatment Practice qualifications, which are part of the national Health Training Package, is now posted on the Community Services and Health Industry Skills Council (CSHISC) website [www.cshisc.com.au](http://www.cshisc.com.au) for comment.

## 2 REIKI PRACTICE

### 2.1 Our common Reiki experience

By inviting Reiki into our lives we experience a sense of “belonging”. Reiki is something positive that we like about ourselves, and one’s personal practice of Reiki often becomes an integral aspect of one’s identity.

During the consultation process mentioned above, Reiki folk repeatedly expressed their sense of shared identity with others initiated into Reiki, even despite the existence of different styles or forms of Reiki to their own. It was observed that the consultation forums promoted increased acceptance of other practices: understanding that the focus for practice and methodology may vary but that the dedication is the same seemed to provide a bridge for acceptance of others.

It was also observed in discussion groups and conferences that some Reiki practice concepts are commonly understood and other concepts are only meaningful to those practising the same or similar forms.

## 2.2 The distinction between lay and professional practice

In developing a Reiki treatment qualification it has been important to distinguish between lay and professional Reiki practice. Many people undertake Reiki training and initiation primarily for the benefit of themselves, their family, friends, pets etc. This, plus the training and initiation of Reiki students, is what is referred to as “lay practice”. For some practitioners the provision of Reiki treatments to others becomes their profession or vocation – they may work in a paid or a voluntary capacity in a clinic, health or community facility. This is what is referred to as professional, or “Reiki treatment practice”. Feedback from the consultation meetings included a very strong message that lay practice is considered to be the foundation of the practice of Reiki, and that this must not be jeopardised in the development of treatment practice standards.

The following table distinguishes between these two applications of Reiki, and how they have been separated in order to preserve the primary position of Reiki lay practice.

	<b>REIKI LAY PRACTICE</b>	<b>PROFESSIONAL REIKI TREATMENT PRACTICE</b>
<b>What do these terms mean?</b>	Classes are taken primarily for self-treatment, treatment of family, friends and pets.	This applies to providing Reiki treatments in a public setting. It has a vocational focus.
<b>What levels of Reiki training are needed?</b>	Reiki I, Reiki II or Master training (or equivalent).	Currently there is no minimum required for Reiki professional treatment practice, although some Reiki associations set a minimum level for their professional practitioner members.
<b>What qualification is awarded?</b>	A certificate of completion may be provided by the initiating Master.	Certificate IV / Diploma of Reiki Treatment Practice.
<b>What are the pre-requisites for training?</b>	None.	Reiki I or equivalent enables entry into the qualification to undertake a “cluster” of six units; Reiki II is required to complete Certificate IV.
<b>How many people does this include?</b>	There are no accurate figures as to the number of Australians initiated into Reiki. The estimated figure is many tens of thousands.	A minority of those initiated into Reiki choose treatment practice as a vocation; the specialised training is only relevant to this group.

	<b>REIKI LAY PRACTICE</b>	<b>PROFESSIONAL REIKI TREATMENT PRACTICE</b>
<b>Who decides what the training should cover?</b>	Lineage Bearers and Founders of various practices are acknowledged as the authority for defining their form of practice.	This has been determined by a process of national consultation and industry validation, plus relevant regulations, laws and workplace guidelines.
<b>Are there basic standards of performance?</b>	A diversity of forms of Reiki is practised in Australia, each form having its own individual differences. Some forms or practices are more clearly defined than others.	The Reiki Treatment Practice qualification takes the form of the qualification structure and competency-based standards that are included in the Health Training Package.
<b>How can Reiki Lay Practice be preserved as the foundation of the qualification, while ensuring that professional treatment practitioners have required skills?</b>	<ol style="list-style-type: none"> <li>1. Reiki training is taught outside of the treatment qualification</li> <li>2. Lineage Bearers and Founders are acknowledged as authorities for defining their forms of practice</li> <li>3. Students enrolled in the qualification review Reiki I and II classes in the lay practice with a Master whose practice is endorsed by Lineage Bearer/Founder, or their agent.</li> </ol>	<ol style="list-style-type: none"> <li>1. Definition of forms of practice is included as underpinning knowledge within the qualifications</li> <li>2. Students enrolled in the qualification review Reiki I and II classes in the lay practice with a Master whose practice is endorsed by Lineage Bearer/Founder, or their agent.</li> <li>3. Having each form of practice clearly defined allows for competency-based training, informed consent, and assessment of treatment practice students.</li> </ol>
<b>Who teaches?</b>	<p>Masters from different systems or forms of practice teach students at deepening levels.</p> <p>This is a personal/spiritual choice for Master and student.</p>	Registered Training Organisations (RTOs) deliver the qualifications, as part of the national qualification framework to provide a skilled workforce.

### 3 CONTEXT OF QUALIFICATION DEVELOPMENT

The proposed Reiki Treatment Practice qualification is designed to provide practitioners with knowledge and skills that are not, (and should not) be included in Reiki classes, and are not required for lay practice, but become important when practitioners begin to offer treatments in the broader public domain.

#### 3.1 Scope of consultation

Over the past four and a half years Reiki Australia has conducted widespread national consultation to inform the creation of a national standard for Reiki

treatment practice. For a complete history of the consultation process visit [www.reikiaustralia.com.au](http://www.reikiaustralia.com.au)<sup>3</sup>

The national consultation process sought current Reiki treatment industry information about:

- who is giving Reiki treatments
- where they are conducting treatments
- the context for treatments
- what Reiki practitioners do
- what functions they perform
- what core and specialist skills are needed for a professional practitioner

The consultation attracted Reiki practitioners from diverse backgrounds, including a high percentage of practitioners who were not members of any Reiki organisation. A significant number of those who attended conferences and discussion groups were health professionals employed in other fields such as social work, nursing, physiotherapy, psychotherapy, hospice work, D&A rehab centres, jails etc, and who had no need for membership of a Reiki organisation. It was noted that Reiki treatments were often conducted in the workplace without the awareness or consent of their employer, though typically these Reiki practitioners had the support of co-workers and direct supervisors. The availability of a uniform national standard is seen by this sector as an advantage in negotiating with employers to introduce Reiki treatment into their workplaces.

The proposed qualifications also reflect the interests of stakeholders such health and community service facilities, research facilities and Registered Training Organisations. This was confirmed by scoping the qualifications with sample stakeholders in each category.

The organisational involvement of Reiki associations in reviewing the draft qualifications will address a gap in the consultation process, and feedback from this sector will complement input received to date.

### **3.2 Community involvement in the consultation process**

Discussion group attendance (2002 – 2004) was highest in Melbourne, SE Queensland and Perth. No Discussion Groups were held in the Northern Territory or ACT. Conference attendance in Sydney 2001 and Perth 2003 exceeded attendance recorded at international conferences on Public Practice of Reiki. Due to the fact that participants subsequently received Half-Yearly Reports, they tended to participate in a single consultation event.

Lack of involvement from some sectors may be due to a variety of factors and attitudes including:

- lack of awareness about the consultation process;

- indifference (the process not seen to have significance for them, for example Reiki practitioners who already possess health qualifications, who hold insurance or who currently incorporate Reiki into treatments such as massage);
- resistance to perceived regulation;
- deference to the opinion of significant others in their Reiki circle;
- “*Wait and see*,” attitude. (For example, a number of people expressed they had waited years before deciding to participate in the consultation process);
- “*What’s in it for me?*” (Some people said that they weren’t interested in participating in the consultation process but that they would buy in when a standard was established that offered commercial value to them);
- reluctance to become involved in perceived “Reiki politics”.

It is hoped that the CSHISC consultation will take in some of these sectors of the Reiki community.

### **3.3 Influence of existing and previous government accredited Reiki qualifications in Australia**

Previously existing VET-accredited qualifications for Reiki practitioners have fulfilled an industry need for standards, but they have not in the past enjoyed wide uptake by the Reiki community. Objection has been largely due to the inclusion of Reiki initiation and training in these qualifications. The private ownership of these qualifications has been another obstacle to broad Reiki community acceptance.

### **3.4 Self regulation of the Reiki treatment industry**

The decision<sup>4</sup> of the Australian Reiki community represented at the inaugural National Reiki Conference 2001, to voluntarily self-regulate Reiki treatment practice has led to the development of draft qualifications proposed for inclusion within the Health Training Package.

The choice to self regulate arose from the Reiki community’s desire to be proactive in gaining wider acceptance of Reiki as a supportive therapeutic practice.

The wisdom of this choice was confirmed by significant indicators that point to the future potential for Reiki treatment practice, in the absence of self-regulation, to be regulated by an external agent.<sup>5</sup>

These include

- 1998 Australian Health Ministers’ Conference agreement that there is a need to develop minimum standards for the conduct and safety of complementary health

- 1999 NSW Joint Parliamentary Committee inquiry into unregistered health practitioners which cites complaints against Reiki practitioners
- Recommendation by the NSW Joint Parliamentary Committee on the Health Care Complaints Commission to cover unregulated health practitioners via the introduction of umbrella legislation which would establish a generic form of registration, generic complaint and disciplinary mechanisms, a uniform code of conduct, entry criteria, and a Ministerial Advisory Board.
- 2000 CSHTA report contracted by ANTA to scope the establishment of an IRG for Complementary and Alternative Health in order to standardise qualifications for inclusion in the Health Training Package.<sup>6</sup> Reiki was identified as a Group B modality for future inclusion.<sup>7</sup>
- 2002 NSW Department of Health Discussion paper into regulation of Complementary Health Practitioners which specifically refers to Reiki
- The proposal that Reiki be packaged as an elective of Massage qualifications in the Health Training Package<sup>8</sup>
- The 2005 recommendation of the Expert Committee on Complementary Medicines in the Health System<sup>9</sup> for accreditation of VET and higher level education and training courses up to degree and diploma level, as a strategy to address identified skill gaps for all health care professionals.

Self-regulation is seen as the most desirable form of industry regulation in the Complementary and Alternative health sector.

## 4 THE PROPOSED QUALIFICATIONS

### 4.1 Overview of the proposed Reiki Treatment Practice qualifications

Prior to the current Draft qualifications, there were no competency-based standards in the Health Training Package relating to Reiki treatment practice. Reiki fundamentally differs from all other complementary therapies in that it is both a spiritual practice and a healing art. None of the existing Complementary and Alternative Health (CAH) qualifications address the spiritual aspect, which is central to the practice of Reiki.

The proposed qualifications consist of a *Certificate IV in Reiki Treatment Practice* and a *Diploma of Reiki Treatment Practice*. To cater for Reiki volunteers who want to gain additional skills but do not wish to complete the whole qualification, the option of completing a *cluster* of six competency units is available. The cluster, with Reiki 1 as the proposed entry level, avoids the

potential negative impact of a qualification that would likely be prohibitive to many Reiki practitioners in volunteer treatment programs.

The proposed Reiki Treatment Practice qualifications are unique within the Health Training Package because they link spiritual content in the lay practice to a vocational qualification, by referring back to lay practice standards as defined by Lineage Bearers and Founders.<sup>10</sup>

To preserve this sacred aspect, the teaching of all levels of initiation is kept out of the qualification, and only skills and knowledge relevant to providing treatments in health and community settings are included in the qualification.

*It is emphasised once again that the draft qualifications relate to Reiki treatment practice (i.e. providing treatments in a public setting) and the professional training of treatment practitioners, not to Reiki teaching practice in which Reiki Masters in the lay practice teach Reiki to their students as a spiritual practice and healing art.*

While *Reiki Australia* has played a key role in developing draft 1 qualifications, it does not own the qualification. This will be publicly owned by the Department of Education, Science and Training, and it will be the responsibility of Registered Training Organisations to develop training courses to address the competencies that make up the qualifications.

## **4.2 Incorporating Reiki into the qualification**

The proposed Reiki Treatment Practice qualifications preserve the sacred Master/student relationship and the spiritual practice *by leaving Reiki initiation and training in the lay, or folk art practice, where it belongs.*

The emphatic feedback from consultation with the Reiki community is that Reiki initiation and training are the beginning of the student's spiritual journey, not the beginning of a career in vocational Reiki treatment practice. Therefore, Reiki initiation and training should be outside of the HTP qualifications and be a pre-requisite for treatment practice training.

*Ensuring that Reiki initiation and training in the lay practice remain outside the qualification preserves the freedom of Reiki Masters to continue to teach as they wish and in the form of practice they choose. It honours the sacred relationship that the student has with their initiating Master. It also honours the student's freedom to choose the Reiki Master who will initiate and train them, and who will accompany them on their spiritual and personal Reiki journey.*

Students undertaking the proposed qualifications must have Reiki training as a pre-requisite, and will *review* Reiki training with a Master in the lay practice in the course of undertaking the qualification. This enables the student's Reiki treatment practice to be reviewed and facilitates students' deepening understanding of their Reiki practice.

### 4.3 Rationale for defining specific forms of Reiki practice in the Reiki Treatment Practice qualification

Reiki fundamentally differs from other complementary therapies in that it is a spiritual practice as well as a healing art. The Professional Standards Team faced a considerable challenge to include Reiki in the qualification in a way that is respectful of the spiritual aspect, while enabling practitioners' performance to be evaluated as is required in competency-based training.

Four possible options were considered as approaches for including Reiki forms or styles of practice. As part of this consideration, the team took account of feedback and priorities identified through the consultation meetings.

To date, it has been possible to include in the qualification only a few of the forms of Reiki that are currently practised in Australia. These are forms of Reiki for which practitioners have stepped forward, in collaboration with respective Lineage Bearers and Founders, to sufficiently define their practice.

*The following "What If?" scenarios illustrate the possible options:*

#### **OPTION 1:**

***What if a generic or an eclectic description of Reiki practice was adopted as the foundation of the Reiki Treatment Practice qualification?***

#### **Implications:**

If implemented, this option could:

- be unconditionally inclusive;
- dishonour, and possibly even conflict with, a student's different form of Reiki practice;
- fail to preserve Reiki as a spiritual practice and healing art in the lay practice;
- create difficulties for assessment of Reiki treatment competencies;
- confuse the boundaries between what is and what is not Reiki practice;
- lead to the "homogenisation" of Reiki lay practice rather than honouring the spiritual nature and diversity of forms of Reiki practice. (Consultation meetings identified these as concepts that the Reiki community holds central to the development of any Reiki treatment practice qualification);
- provide a commercial incentive to Registered Training Organisations (RTOs) to offer Reiki initiation and training in addition to the units of competency in the qualification. (Since Reiki training

has intentionally been kept outside the qualification, the quality of such training could not be assessed. This might induce some RTOs to offer Reiki training in a way that consumed as few of their resources as possible);

- create difficulties for professional associations in accrediting members for a professional practitioner category. Without accountable practice guidelines there would be no way to:
  - i. know what practitioners were doing during treatments;
  - ii. endorse a practitioner's Reiki treatment practice without also endorsing any additional practices for which the practitioner may or may not be suitably trained;
  - iii. conduct appropriate, respectful professional supervision;
- fail to ensure that informed consent to treatment could be obtained (due to the lack of definition of the Reiki practice being offered);
- complicate the issue of accreditation for professional associations where a particular lineage(s) is part of the accreditation requirement (for example, a practitioner who had achieved the national qualification as a Reiki treatment practitioner, but whose lineage was not accepted by the association);
- be at cross-purposes with achieving measurable performance standards in professional Reiki treatment practice. (This would hinder the acceptance of Reiki as a treatment approach by health and community service facilities and clinical research sponsors, who require clearly defined standards);
- increase the vulnerability of professional associations with regard to liability for the conduct of their professional members, as there would not be clarity about the actual practices of these members.

**OPTION 2:**

***What if a single form or style of Reiki practice was selected as the foundation of the Reiki Treatment Practice qualification?***

**Implications:**

If implemented, this option could:

- establish one definition of Reiki treatment practice;
- lead to the dominance of one form in professional Reiki treatment practice;
- dishonour all other practices, and may conflict with a student's / practitioner's chosen lay practice;
- lead to the development of a Reiki "monoculture" with associated intolerance of diversity of practice in Australia;
- provide an unfair trading advantage to practitioners of the chosen form of Reiki practice.

**OPTION 3:**  
***What if core aspects of Reiki practice were selected as the foundation of the Reiki Treatment Practice qualification?***

**Implications:**

If implemented, this option could:

- be confounding as it relies upon consistency of understanding and interpretation, or in other words, that the meaning of terms such as “treatment”, “attunement”, “level of practice”, or “lineage” etc are the same for every practice;
- lead to misrepresentation of Reiki practices. For example, the status of a practice (eg meditation) held as core to a particular form of Reiki, but not an element of all forms, could be relegated to an optional unit;
- undermine the integrity of the distinct Reiki practices;
- dishonour, and possibly even conflict with, the student’s form of Reiki practice;
- be of no practical use in obtaining informed consent, or in accrediting practitioners;
- lead to confusion and conflict about diversity of Reiki practices.

**OPTION4:**  
***What if defined forms of Reiki practice were the foundation of the Reiki Treatment Practice qualification?***

**This option is compatible with the feedback from the national consultation meetings. It also avoids the main problems associated with the previously described approaches.**

**Following is the rationale for electing defined forms as the foundation of the qualifications.**

This option provides the means to:

- **Preserve Reiki as a spiritual practice and healing art**  
 Feedback from consultation repeatedly affirmed that the Reiki community wants a national standard that acknowledges the spiritual practice as the foundation for treatment practice.
- **Enable inclusion of forms**  
 Basing the qualification on defined forms enables infinite inclusion of a diversity of forms of *Reiki* treatment practice, whilst retaining a

means to exclude *non-Reiki* practices. The diversity of forms of Reiki practice can be honoured by acknowledging their difference.

- **Promote tolerance and respect**  
Definitions of form will promote respect, understanding and inclusiveness within the Reiki community, and enable the explicit promotion of these values to be included in the qualification.
- **Promote consumer choice**  
Definition of forms enables clients to seek out a particular form of Reiki treatment if they wish.
- **Facilitate informed consent**  
Obtaining informed consent is a basic expectation in the provision of professional health services. A client cannot provide informed consent if the practitioner is unable to adequately describe the service being offered. Definition of form enables a Reiki practitioner to offer as much detail as required by the clients, to enable consent according to their own criteria.
- **Assist accreditation by professional Reiki organisations**  
Definition of forms of Reiki practice will assist professional organisations to accredit practitioners and to support their professional members, including through the provision of appropriate mentoring.

The vulnerability of professional organisations in an increasingly litigious society will be reduced if the practices of their professional members are clearly defined. Definition of form of Reiki practice will also clarify the boundaries between Reiki practice and other practices/modalities/behaviours.

#### **Enable credible assessment**

Within the National Training System, vocational qualifications can only be delivered by Registered Training Organisations (RTOs). Assessors within the RTO are legally responsible for their evaluation of a learner's competency. Therefore a qualification obtained through the National Training System means that the holder has been assessed as competent in all the required units. Defining forms of Reiki practice is necessary to enable such an assessment of the student's Reiki treatment practice competency within a diversity of settings.

- **Enable consistency in standards**  
The evaluation of Reiki treatment practice according to defined forms will support the preservation of Reiki as a spiritual practice and healing art and ensure consistency in standards. In addition to enabling assessment, this model for inclusion promotes the

contracting by RTOs of Reiki Masters and practitioners as trainers and assessors for the Reiki specific units.

#### **4.4 Forms of Reiki practice exemplified for inclusion in Draft 1 of the qualifications**

Currently, the forms of practice that are recommended for immediate inclusion in the qualification are those in which practitioners, Lineage Bearers and Founders have actively participated in the process of definition. The listed forms of Reiki practice meet the following guidelines:

- They are forms of practice traceable to Mikao Usui;
- They have the explicit consent and active support and involvement of the Lineage Bearer or Founder who is the authority for that form of Reiki practice;
- They are clearly defined by the Lineage Bearer or Founder, thus facilitating delivery of training and appropriate assessment of the student's Reiki treatment practice; and
- They have clear protocols with regard to using Reiki to treat others.

**These practices are not a complete list of Reiki forms recommended for inclusion in the qualification.** However, at the stage of the completion of Draft 1 they represent the forms that:

- meet the above guidelines for inclusion;
- have been identified through a practitioner survey conducted by Reiki Australia in 2004 as predominant forms of Reiki practice; and
- have the necessary support of Masters and practitioners who have been willing to do the work of establishing definitions.

The forms recommended for inclusion in Draft 1 are:

##### **1. *Usui Shiki Ryoho*, also known as *Usui System of Reiki Healing or Usui System of Natural Healing*.**

The acknowledged Lineage Bearer, Phyllis Lei Furumoto, has been actively involved in dialogue with Reiki Australia, and has undertaken ongoing commitment to enable the endorsement or appointment of Usui Shiki Ryoho Masters to support the qualification. This commitment includes travel to Australia to address the delegation of the 2006 National Reiki Conference and to offer seminars to Reiki students on definition of form. A document on the Definition of the Form of Usui Shiki Ryoho is near completion. We are honoured by Phyllis Lei Furumoto's blessing and commitment to this process.

##### **2. *Reiki Jin Kei Do***

The acknowledged Lineage Bearer, Dr Ranga Premaratna, has been actively involved in dialogue with Reiki Australia and has undertaken ongoing

commitment to enable the endorsement or appointment of Reiki Jin Kei Do Masters to support the qualification. This commitment includes agreement to address the delegation of the 2006 National Reiki Conference and to offer seminars to Reiki students on definition of form. A document on the Definition of the Form of Reiki Jin Kei Do is near completion. We are honoured by Dr Ranga Premaratna's blessing and commitment to this process.

### **3. *Gendai Reiki ho***

The acknowledged Founder, Hiroshi Doi Sensei, has been actively involved in dialogue with Reiki Australia and has undertaken ongoing commitment to enable the endorsement or appointment of Gendai Reiki ho Masters to support the qualification. Reiki Australia's invitation to Doi Sensei to travel to Australia to address the delegation of the 2006 National Reiki Conference and to offer seminars to Reiki students is under consideration. Doi Sensei announced some years ago that he was ceasing international travel to engagements. That he is open to making an exception to this decision is an indication of his commitment and support for this process. We are honoured by Doi Sensei's blessing and commitment to this process.

As part of the consultation, Reiki Australia also approached several other acknowledged Lineage Bearers and Founders whose form of Reiki appears to be significantly practised in Australia. They included:

Barbara Weber Ray.

Barbara Weber Ray is the acknowledged Lineage Bearer and Founder of the *Radiance Technique* form of Reiki practice. She did not respond to Reiki Australia's invitation to participate in the process of defining her form of practice. A small number of respondents in a 2004 practitioner survey indicated Radiance technique as their practice.

Barbara McGregor for Beth Gray

Definition of the *Reiki Method of Natural Healing as administered by Beth Gray* could not be undertaken directly due to Beth's health condition. Therefore, her successor Barbara McGregor was approached as a spokesperson for the Reiki Training Academy. Reiki Australia was advised by the organisation that URN had its own accreditation process.

William Rand

Dialogue with William Rand began in 2002 with the aim of opening the way for the systems that he has developed, however, at this stage no Reiki practitioners of these forms have stepped forward to support the inclusion of this practice. We note that the practitioner survey recorded very low representation of William Rand's *Usui Tibetan* or *Karuna Reiki*.

Kathleen Milner

Dialogue with Kathleen Milner was opened in 2002. However, at this stage no practitioners have stepped forward to support the inclusion of this practice. The practitioner survey recorded little response from practitioners of this form.

## 4.5 Inclusion of further forms of Reiki practice in the Health Training Package

The structure of the proposed Reiki Treatment Practice qualifications facilitates inclusion: the qualifications are designed to incorporate other forms of Reiki practice. This can occur in Draft 2 of the current review of the Health Training Package, if necessary guidelines can be met, or during future (3-yearly) reviews of the HTP. The proposed qualifications are a beginning point, the development of which will entail inclusion of further definitions of form so as to reflect richer diversity of practice.

For further information about some of the issues that may impact the development of guidelines for the inclusion of forms or styles of Reiki practice, see the attached Discussion Paper.

## 5 IMPORTANT CONSIDERATIONS FOR CURRENT REIKI TREATMENT PRACTITIONERS

### 5.1 Ensuring freedom of choice for Reiki practitioners

The qualification addresses the industry drivers impacting the Health Training Package, including factors affecting the demand for health service that were identified in the HLT02 Review Discussion Paper<sup>11</sup>. As these emerging trends become established it is envisaged that the introduction of standards for professional Reiki treatment practice will open the doors for Reiki to be more widely accepted.

As work roles emerge in a diverse range of community and health care settings it is expected that this will increase employment opportunities for Reiki practitioners.

It is possible that some employers in the future may prefer to work with qualified practitioners. However, **Reiki practitioners will have the choice of whether to complete the training or not. Those who choose not to undertake vocational training will still be able to provide Reiki treatments to the public.**

### 5.2 Grandparenting arrangements

It is noted that all sectors in the Complementary and Alternative Health Industry included in the HTP to date have had to address the issue of accrediting professionally competent, experienced practitioners who have not completed the newly introduced qualification. Through the implementation of grandparenting arrangements, professional associations can acknowledge the current competency of existing practitioners and facilitate ways to address identified skill gaps.

### 5.3 Insurance

A significant number of Reiki lay practitioners who currently offer public treatments on a small scale within a word-of-mouth network, currently have access to insurance by virtue of their Reiki organisation membership. Some practitioners in this sector, who have no interest in completing formal qualifications, have expressed concern that insurers will not continue to insure them once the qualifications are introduced.

This issue has emerged as an area for resolution.

### 5.4 Accord with the provisions of the Trade Practices Act

Some sectors have voiced concern that the introduction of the qualifications might be anti-competitive. Reiki Australia believes that the opposite is more likely.

Many tens of thousands of individuals have chosen to be initiated and trained in Reiki for the purpose of bringing this healing art into their personal lives. This has made for a vigorously competitive Reiki training industry. However, the Reiki *treatment* industry currently operates somewhat at the fringe of the health industry. The changing preferences of consumers are beginning to effect an increased demand for this non-invasive support therapy. The absence of a uniform national standard for Reiki treatment practitioners is currently a barrier to acceptance and uptake in the health and community service industries. Therefore, it can not be claimed that the introduction of the qualifications are unreasonably restrictive to existing Reiki practitioners because this market is largely unavailable to them at present. It is expected that the introduction of the qualifications will generate additional opportunities for vocational Reiki treatment practitioners as new work roles emerge (see section 5.1).

There has also been confusion about defining *what is a Reiki practitioner?* All students who have been initiated and trained in Reiki, at any level, refer to themselves as Reiki practitioners because treatment of self and others is a part of the training in most forms of practice.

Refer to Section 2.2 for a distinction between lay and professional practitioners.

## 6 RECOMMENDATIONS

Following are a number of recommendations based on information contained in this report:

### 6.1 Inclusion of defined forms of Reiki practice in the qualifications

It is recommended that Option 4 *Defined forms of Reiki practice* (see page 13) should be adopted as the foundation for inclusion of diverse forms of Reiki. This option offers the greatest benefit for all stakeholders, and clear definition of a practitioner's Reiki practice will progress workplace uptake of graduates. This recommendation is substantiated by worksite feedback collected by Reiki Australia during the consultation. (Refer to Section 4.3)

## **6.2 Insurance**

It is recommended that the Reiki associations co-operate in addressing the potential issue of insurance being based on the qualification as opposed to association membership. (Refer to section 5.3)

## **6.3 Grandparenting**

It is recommended that the Reiki associations individually or collectively develop grandparenting arrangements for existing practitioners. (Refer to section 5.2)

## **6.4 Additional forms of Reiki that should be considered for immediate inclusion**

Given acceptance of basic guidelines (see Section 4.4) it is recommended that stakeholders (Lineage Bearers, Founders, Masters and public treatment practitioners) in other Reiki industry sectors urgently assess the desirability of inclusion of their form of practice in the current review of the HTP and, that if appropriate, a detailed definition of the practices be described. The following forms are significantly practiced and are not currently included:

- *The Rei-ki Method of Natural Healing as administered by Beth Gray (or her successors)*
- *Usui Reiki Ryoho*
- *Radiance Technique*
- *Usui-Tibetan or Karuna Reiki*

## **6.5 Creation of guidelines for inclusion of forms of Reiki practice in the Health Training Package**

In light of the timeframe for validation, the provision in the qualification for inclusion of further Reiki forms, and the fact that industry accord is essential for resolution of this central issue, it is recommended that a pragmatic industry decision be made about forms that can be accepted for immediate inclusion in the Health Training Package.

It is also recommended that the creation of guidelines for the inclusion of further forms be given due consideration by Reiki treatment practitioners who have a vocational interest, and by the Reiki associations representing these members.

Stakeholder confidence will be served by the development of clear guidelines for the inclusion of additional Reiki forms of practice. Key issues requiring

consideration by the Reiki industry are the subject of an attached Discussion Paper. It may be that there are additional issues that should also be consideration in such a discussion.

## **Discussion Paper**

**To inform the development of guidelines  
for inclusion of Forms of Reiki within the  
Reiki Treatment Practice qualifications**

## **Discussion Paper, to inform the development of guidelines for inclusion of Forms of Reiki within the Reiki Treatment Practice qualifications**

### **1 The Purpose of this Discussion Paper**

The purpose of this document is to stimulate discussion about the key issues that should be considered in creating guidelines for inclusion of Reiki lineages and practices in the Reiki Treatment Practice qualifications.

### **IDENTIFIED ISSUES**

#### **Key issues which will impact the development of clear guidelines for inclusion of Reiki forms of practice in the Health Training Package**

The following examples illustrate some issues that the Reiki community might wish to consider, in relation to the inclusion of various forms of practice within the Reiki Treatment Practice qualifications:

- Forms that cannot be traced directly to Mikao Usui via the lineage of initiation of Masters.
- Forms of Reiki that do not have the support of the Lineage Bearer or Founder to be included in the Health Training Package. Is it appropriate to include them without the explicit consent and support of the authority for that practice?
- Forms for which there is no clear definition, or no authority for the practice – how can they be assessed; how can there be accountability or informed consent; how can appropriate professional supervision be conducted; how can they be nationally delivered?
- Forms of practice for which there are no advocates willing and able to do the work of collaborating with the Lineage Bearer or Founder to establish the definition of the form, or of providing support and mentoring of practitioners undertaking the training.
- Forms of Reiki practice created, promoted or taught as part of a training business franchise or similar scheme in which Masters are under a contractual or commercial obligation to function as distributors of the organisation's training products.

- Forms of Reiki practice which are exclusively for the personal and spiritual development of the initiate – meaning treatment of others is irrelevant for the practice.
- The inclusion of practices that are not widely accepted as being practices of Reiki.
- Practices that are not widely accepted as being practices of Reiki are not included in the scope of this qualification, for example: Therapeutic Touch, Magnetic Therapy, Pranic Healing, Seichem, Chiron Healing, Theta Healing, Pulsed Electromagnetic Field Therapy, Orion Healing to name but a few

It is recommended that a register of defined Reiki forms underpin the Reiki qualifications, and that agreed criteria, for inclusion be created through the collaborative participation of interest groups in the Reiki industry.. .

## References

- <sup>1</sup> For more information visit the National Training Information Service website [www.ntis.gov.au](http://www.ntis.gov.au)
- <sup>2</sup> For more information about the review of the Health Training package visit [www.cshisc.com.au](http://www.cshisc.com.au)
- <sup>3</sup> National Reiki Conference Sydney September 2001. Refer to the "History of Consultation" [www.reikiaustralia.com.au](http://www.reikiaustralia.com.au)
- <sup>4</sup> National Reiki Conference Sydney September 2001. Refer to the "History of Consultation" [www.reikiaustralia.com.au](http://www.reikiaustralia.com.au)
- <sup>5</sup> For more information regarding the drivers for voluntary self regulation of Reiki treatment practitioners visit [www.reikiaustralia.com.au](http://www.reikiaustralia.com.au) and select *Issues* from the menu. For more information refer to "*Model for professional practice*" [www.reikiaustralia.com.au](http://www.reikiaustralia.com.au)
- <sup>6</sup> For more information visit the Australian Qualifications Framework website [www.aqf.edu.au](http://www.aqf.edu.au)
- <sup>7</sup> Report: Establishment of Industry Reference Group for Complementary Therapies Industry for Community Services and Health Training Australia
- <sup>8</sup> For more information about issues registered for HTP Review visit [www.cshisc.com.au](http://www.cshisc.com.au)
- <sup>9</sup> Government Response to the Recommendations of the Expert Committee on Complementary Medicines in the Health System march 2005
- <sup>10</sup> For more information refer to "Model for Professional Practice" [www.reikiaustralia.com.au](http://www.reikiaustralia.com.au)
- <sup>11</sup> HLT02 - Review Discussion Paper September 2004 Community Services Health Industry Skills Council.