



## Regulation of Complementary Health Practitioners – Discussion Paper

Extension date due: 29<sup>th</sup> January 2003.

To:

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Members of the Usui Reiki Practitioner Alliance thank the NSW Health Department on its proactive approach in setting up a review of the current situation re: Natural Therapies.

We wish to make comment on some of the issues raised within the Discussion Paper

### **URPA Background**

The Usui Reiki Practitioner Alliance incorporated on 24th October 2002 with the legal and technical framework to act as a self-regulatory professional national body. Its purposes include establishing and maintaining uniform national registration standards for the professional practice of Reiki and finding representation as one voice. The Alliance is conducting a national

URPA Response to NSW Health Department Discussion Paper Re: Regulation of Complementary Health Practitioners consultative process with the Australian Reiki Community and with peers overseas to determine these standards and other appropriate criteria such as code of ethics and professional conduct.

A National Conference was held September 2001, nationwide regional discussion groups are ongoing and the 2003 National Reiki Conference is scheduled for August in Perth.

Please refer to our website for further information about Usui Reiki Practitioner Alliance and the work that is already being done by the Reiki Community to create an environment of accountability, safety and credibility within our profession.

[www.seadragon.com.au/Reiki/index.html](http://www.seadragon.com.au/Reiki/index.html)

Comments on sections of the discussion paper as they are relevant to the practice of Reiki.

## **2.1 DEFINITION**

Broad Classification: Eastern Systems of health. Reiki definitely fits into this category of your classification, table 2.1

## **2.2 TYPES OF COMPLEMENTARY HEALTH PRACTICED IN AUSTRALIA**

### **2.2.9 Reiki.**

Whilst Reiki is not an ingestive practice, URPA strongly disagrees that Reiki is a “massage” technique, or an ‘Eastern massage’ technique. There is no manipulation of tissue; it is not a bodywork technique or a clinical procedure.

Reiki is a healing art and discipline that has its origins in ancient times. Reiki was rediscovered by Dr. Mikao Usui In the late 19<sup>th</sup> century.

Reiki can be broadly described as a holistic system of healing involving the physical, mental, emotional, and spiritual aspects of being. Those who learn Reiki are taught the form of practice and become attuned / initiated into the Reiki energy that translated means ‘universal life energy’. It is this energy that the client receives during a Reiki treatment. The practitioner places his /her hands in positions on the fully clothed person receiving the treatment.

Reiki is primarily a lay or folk practice and the majority of students of Reiki are lay people who have no intention of involvement in public/ professional practice. Those who learn the practice use it primarily for self-treatment and for home use on family, animals, etc.

A diversity of forms of Reiki are practiced in Australia, their definitions are currently in progress as part of the foundation work by URPA in consultation with the Australian Reiki community to establish standards for the professional practice while preserving the richness of Reiki as a folk art.

URPA strongly disputes the “five goals of a Reiki treatment” as stated in the discussion paper. In the context of a national approach to complementary medicine as it relates to the regulated supply of Reiki treatment it is critical that the practice is not defined by the achievement of defined physiological responses. The “goals” stated in the discussion paper may be outcomes

URPA Response to NSW Health Department Discussion Paper Re: Regulation of Complementary Health Practitioners of a treatment, however, they are not the goals of treatment. Since Reiki may address the physical, emotional or spiritual aspects of the client, the goals for each individual may vary according to their particular need. Diagnosis and prognosis are not elements of Reiki treatment since it is understood that the energy will address the client's needs on all levels. The practitioner who has a deep understanding of Reiki holds a sacred space for their client, "allowing" them unconditionally to experience Reiki. By holding this space the Reiki practitioner enables all aspects of Reiki treatment to be entered by the client without demand or expectation.

Although relaxation is a common response to Reiki treatment, it is not always the case. In fact as a part of the process of healing, treatment may be sometimes experienced as agitating, not relaxing. This does not mean that the treatment has failed to achieve a goal. However, the fact that people's reactions to treatment are unpredictable, highlights need to ensure adequate preparation of the Reiki Practitioner so that "non-comfortable" reactions are correctly interpreted and managed by the practitioner.

In the context of Reiki "healing" is not synonymous with "cure". That is not to say people undergoing Reiki treatment have not experienced some remarkable cures. We may witness signs in a client that seem to indicate the elimination of emotional or physical tension, the dispersion of stagnant or obstructed energy, detoxification and regulation of the vibrational frequency of the body, but we cannot claim these effects to be a goals of Reiki treatment.

Energy-based therapies have a growing body of research evidence to support claims of therapeutic benefit - see "Energy Medicine: The Scientific Basis" by James. L. Oschman Ph.D. There are also a small number of credible studies of Reiki, including a current research project headed Dr Ahlam Mansour and funded by the Canadian Breast Cancer Research Initiative. URPA will be collecting such material with the aim of building a body of evidence upon which ethical claims about efficacy of Reiki treatment may be made.

The goal stated in the discussion paper as "endowment of healing energy" would meet agreement by a majority of the Reiki community.

For the purposes of any future discussions, papers or decisions by NSW Health Department regarding the practice of Reiki, members of URPA request the opportunity for involvement and input.

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## **ISSUE 1      *Statutory regulation of complementary health practitioners***

Public health and safety would be best served by a national uniform system of regulation for Reiki practitioners, however statutory regulation of this practice is not deemed necessary or appropriate.

### *4.3              Criteria for Regulation of unregulated health occupations*

*Question 1.      Is it appropriate for Health Ministers to exercise responsibility for regulating the occupation of Reiki Practitioner?*

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Whilst we believe that supply of Reiki treatments falls within the domain of the Health Ministry, consultation with the national Reiki community has indicated support for a process of registration for Reiki Practitioners being conducted by URPA as a self regulatory professional body.

NB: The public seeks access to Reiki in two capacities, the latter being the subject of our submission

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

*Question 2. Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?*

No, it is widely held that there are no risks associated with any specific practices of Reiki treatment.

The activities of the occupation pose significant 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.

The generic risks to the public, as itemised at 4.6 would be minimised by uniform national registration of appropriately qualified Reiki practitioners who comply with codes of ethics and professional standards of conduct and who demonstrate fitness to practice. The establishment of such registration is being addressed by URPA.

*Question 3. Do existing regulatory or other mechanisms fail to address health and safety issues?*

Existing mechanisms cannot effectively address health and safety issues because Reiki treatments have historically been conducted in a folk art context. There is a global demand from consumers, insurers and governments to the Reiki community to participate in the healthcare industry. URPA is responding to this demand by providing a forum for the Australian Reiki community to define professional practice of Reiki, as distinct from the folk art practice and to identify health and safety issues in supplying Reiki treatments.

When this phase is complete URPA will be in a position to set appropriate standards for the professional Reiki practitioner, and to develop an effective complaints handling mechanism. Once this context is established by URPA we will be able to assess whether existing regulatory mechanisms are effective for this occupation.

*Question 4. Is regulation possible to implement?*

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Reiki treatments are not considered to be hazardous and therefore self-regulation is the most appropriate structure.

*Question 5. Is regulation practical to implement?*

See above

*Question 6. Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?*

The general sentiment expressed at the inaugural national conference in September 2001 and in subsequent nationwide discussion groups over recent months indicates that the community considers that the benefit to the public of establishing standards for professional practice of Reiki outweighs restriction to competition. However, statutory regulation of the practice is inappropriate.

## **ISSUE 2      *Models of Regulation***

Statutory regulation is not supported. URPA is presently in the consultation phase of its development as a national regulating body; Whilst there is strong support for the model of self-regulation it is premature to make a comprehensive statement on the best form of regulation for Reiki practitioners.

## **ISSUE 3      *What registration criteria should be adopted and why?***

### 6.1.1 Qualifications

Consultation is ongoing between URPA and members of the Reiki community, practitioners, educators and others who have extensive knowledge in these areas. The output of these consultations will be the submission by URPA of a Certificate IV level Reiki Practitioner training package to ANTA for endorsement.

URPA will set professional standards and accredit Reiki Practitioner training courses.

### 6.1.2 Other Criteria

- a. Good character
- b. Proficiency in the English language

URPA will assess these criteria with regard to individual applications for membership.

## **ISSUE 4      *Grand parenting***

A Grand parenting policy will certainly be required in any regulation of the practice of Reiki since there are many highly experienced practitioners and teachers who may not initially meet the standards required for membership to a professional body.

The form that this Grand parenting mechanism takes will be developed after further consultation.

**ISSUE 5      *Dispensing of raw herbs***

N/A

**ISSUE 6      *Emergency services, provision of first aid treatment and appropriate referral***

Yes. URPA agrees that training in first aid and appropriate referral skills should be included as a requirement for training a Reiki Practitioner. An emergency may be co-incidental to the Reiki treatment and it is expected that the practitioner be able to respond and refer as necessary.

***Other issues related to the supply of Reiki treatments***

Even though many complementary health practitioners and statutorily registered healthcare workers may have learnt Reiki in a folk art context, URPA holds that such training does not confer fitness to practice as a professional Reiki practitioner. The Reiki community has strongly indicated that a Reiki practitioner should undergo specific preparation, including extensive supervised practice.

Usui Reiki Practitioner Alliance was founded with the key purpose *to establish and maintain standards for the professional practice while preserving the richness of Reiki as a spiritual discipline and healing art.*

Document prepared by Wendy Watson and Sharron Mackison