Are UK acupuncturists ready for a Multi-bed Revolution?:

A study of the attitudes of UK acupuncturists towards multi-bed clinics

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Contents

Lists iv

Tables: iv

Charts: iv

1.Introduction 3

1.1 Aims & Objectives 3

1.2 Scope & Methodology 3

1.3 Rationale & Significance of research 4

1.4 Background information on topic 4

1.5 Current situation in UK 4

1.6 Treatment in China 7

1.7 Style of Treatment when introduced to the West 7

1.8 Multi-Bed Acupuncture clinics in the US 8

1.9 Changes to NHS funding in the UK 9

2.Literature Review 11

2.1 Description of search 11

2.2 Key texts and papers reviewed in this study 12

2.3 Aim of Literature Review 13

2.4 Key Findings 13

2.5 Conclusion to Literature Review 16

3. Research Question: 17

4 Method 17

4.1 Choice of Research Design 17

4.2 Research Strategy 18

4.3 Method of Data Collection 19

4.4 Sample, Rationale for size and composition of sample 20

4.5 Data Collection 21

4.6 Ethical Considerations 21

4.7 Piloting of Survey 22

4.8 Practicalities: 22

5. Results and Analysis 23

Section 1 of survey: "Information about you & your practice" 23

6. Discussion 46

6.1 Findings Section 1 of Questionnaire: Description and Analysis 46

6.2 Findings for Section 2 48

Comparison of Section 1 with Section 2 findings 50

Comments from participants 51
Results when compared with Literature Review 54
Validity and Reliability 55
How the Survey could have been improved 55
Implications of Results for Acupuncture Theory and Practice 56
Personal Learning Reflection 56
7. Conclusion 58
Implications for Future Research 58
8. REFERENCE LIST 60
9. BIBLIOGRAPHY 65
10. GLOSSARY 66
Appendix A – Copy of Questionnaire used in Survey 1
Appendix B - Responses to Questionnaire – in chronological order (un-sorted) 5

Lists

Tables:

Table 1: Table of Acupuncturists' Salaries 2011..………………………………..5

Table 2: Number of ACMAC members……………………...…………………...6

Table 3: Sampling Method ……………………………………………………….. 20

Table 4: Statistical Analysis of Surveys sent in this Study ……………………. 20

Table 5: Trends found in responses to Q1 to Q5..………………………………46

Charts:

Chart 1: Q1: How long have your been an acupuncturist…………………….. 23

Chart 2: Q2: Which category includes your age..............……………………..23

Chart 3: Q3: Hours worked as an acupuncturist in average week……..……..24

Chart 4: Q4: Patients treated in an average week….…………………………..…..25

Chart5:Q5: Do you give reduced rates……………………..……………….….26

Chart 6: Q6: Are multi-beds make acupuncture more accessible…………....28

Chart 7:Q7: Do you currently treat in a multi-bed setting…………..………..29

Chart 8:Q8: Would you be interested in working in a multi-bed clinic………..31

Chart 9: Q9: Is a multi-bed clinic a good for newly qualifieds to learn……....33

Chart 10:Q10: Views on multi-beds …………………………………………..….37

Chart 11: Comparison Q1 (Years Qualified) with Q6 (views on accessibility)……………………………………………………………….………………40

Chart 12: Comparison Q 2 (Age) with Q 6 (views on accessibility…………………..……………………………………………...………41

Chart 13: Comparison Q3 (hours worked) with Q 8 (interested in working in multi-bed)…………………………………………………………….…………..42

Chart 14: Comparison Q1 (years as acupuncturist) with Q8 (interested in working in multi-bed) ………………………………………….…………..… 43

Chart 15: Comparison Q1 (years as acupuncturist) with Q9 (multi-bed as good place for learning……………………………….………….…….……44

Chart 16: Comparison Q1 (years as acupuncturist) with Q10 (views on multi-bed) ……………………………………………………………………….. ….45

Abstract

Background: The number of multi-bed acupuncture clinics in the UK is growing rapidly, but there has been limited information gathered about the attitudes of UK acupuncturists towards multi-bed clinics.

Objective: The aim of this study is to collect and analyse the attitudes of UK acupuncture practitioners towards multi bed acupuncture clinics utilising trends according to age, experience and weekly hours worked.

Research Design and Method: The research comprised a Literature Review and a Survey. A mixed method approach was used, combining qualitative and quantitative questions in one survey. An online questionnaire was sent by email to 300 members of the British Acupuncture Council, chosen using a systemic random selection method. The questionnaire included 10 closed ended questions, including 6 questions that invited further comments.

Results: 53 practitioners responded. The significant results showed 67% agreed that multi-beds made acupuncture more widely accessible; 31% were interested in working in a multi-bed; 80% felt that a multi-bed was a good place for newly qualifieds to learn; 32% thought multi-beds were an excellent way of providing low cost acupuncture; 60% expressed positive or an open view towards multi-beds whereas 48% were not comfortable with multi-beds. There

was no significant correlation between age and experience and views on multi-beds. The numbers of hours worked currently appeared to have an impact on whether the participant wanted to work in a multi-bed.

Conclusion: The majority of participants considered multi-bed clinics to be a good way of making acupuncture more accessible to the public. An even larger percentage felt that multi-bed clinics would be a good learning experience for new acupuncturists when working alongside experienced acupuncturists. Only 8% of respondents considered that multi-bed clinics would undermine or undercut local acupuncturists. This study shows that the majority of respondents had positive views of multi-bed clinics. This data provides a starting point for further research and discussion.

1.Introduction

*In practise the terms 'Multi-bed' and 'Community Acupuncture' are used interchangeably to indicate two or more patients having acupuncture treatment in the same room at the same time: for simplicity the term **multi-bed clinic** will be used exclusively throughout this study.*

1.1 Aims & Objectives

The aim of this study is to collect the opinions of a sample of British Acupuncture Council (BAcC) registered UK acupuncturists in relation to multi-bed clinics. It will analyse the responses to evaluate whether UK acupuncturists are generally in favour of the growth of multi-bed clinics or whether there is any hostility towards them.

This topic was chosen because of the increase in multi-bed clinics worldwide in the last few years. The attitude of UK acupuncturists is seen as being key to whether this trend will continue to grow in the UK.

1.2 Scope & Methodology

This study includes a literature review on the topic and a survey comprising of an online questionnaire which was sent to 300 BAcC registered acupuncturists.

1.3 Rationale & Significance of research

The growth of multi-bed clinics is a way of bringing acupuncture to a wider audience by charging a lower fee (Potter, 2008). If multi-beds are to increase to any large degree in the UK it follows that UK acupuncturists need to be willing to work in such a setting. It is an important starting point to find out what the attitude of UK acupuncturists was towards multi-bed to evaluate whether it is likely that they will increase substantially in the UK in the future.

1.4 Background information on topic

When approaching this topic it is important to look at it in context by discussing briefly the background to acupuncture in the UK, including the style of clinics used in other countries and how this may affect the attitudes of UK acupuncturists.

1.5 Current situation in UK

In the UK today there are currently 3067 acupuncturists registered with the BAcC, comprising 2728 fully practising and 150 non practising members (BAcC, 2013). The majority of these practitioners work on a one to one private consultation basis (BAcC, 2013) typically giving a 45 to 60 minute treatment; less than 3% of acupuncturists in the UK work in multi-bed clinics (ACMAC, 2013). It is relevant to look at the context within which UK acupuncturist work. The BAcC conducted a survey of registered acupuncturists in 2011 in which they found that the average salary was £17,500 per annum (BAcC, 2011). (Responses were received from 477 acupuncturists. An unrepresentative 6% of that sample worked in multi-bed clinics.).

Table 1 - Acupuncturists' Average Earnings - 2011

Years in practice	Gross average annual income
Up to 5 yrs in practice	£7,800
6 – 15 yrs in practice	£20,500
16 yrs +	£24,100
Mean average	£17,500
Salary range	£5,000 (21%) to over £50,000 (3%)

(BAcC, 2011)

When considering this salary information it is important to note that many acupuncturists may only practice part time. However, the trend for treating acupuncture as a second career may be shifting, with many students now viewing it as a first career (Deadman, 2012)

There appears to be a general consensus that for most acupuncturists there is a shortage of patients (Stillwell, 2010). This view is reflected in a recent article in the Journal of Chinese Medicine:

'Many patients cannot afford the treatment they need and practitioners cannot afford to live on the low incomes generated in many practices. '(Deadman, 2012).

Acupuncture charges are increasing beyond inflation (May, 2010) at a time when the UK is officially in a recession (Cohen, 2012). In 2010 the average cost of acupuncture treatment in the UK was between £34 and £63 (May, 2010) whilst during the same year the average weekly amount spent on food for a

family of four was £54.20 (ONS, 2011). The high price of acupuncture makes it an unaffordable luxury for most people in the UK.

This cost can be contrasted with the fact that to be fully effective for acute conditions acupuncture is most effective when patients receive treatment two or three times a week initially and then weekly (Hicks, 2004).

"*Yueyang hospital in Shanghai … A course of treatments usually consists of patients being treated every day or every other day, for 10 treatments. Then more courses will be added as necessary*" (ACMAC, 2013)

There are few people who can afford acupuncture two or three times a week at the standard UK fee (May, 2010), although many acupuncturists give reductions. With the low level of acupuncturist's earnings this is not in ideal situation for acupuncturist nor patient.

There are currently 77 multi-bed clinics in the UK registered with ACMAC. There may be a small number of multi-bed clinics that are not registered, so this number is impossible to predict precisely.

Table 2 – Numbers of ACMAC members

Year	Number of ACMAC registered clinics
2007 : Formation of organisation (known as 'Affordable Acupuncture')	6
2009	30
2013	77
Percentage increase 2002 to 2013	22.08%

These figures only relate to privately run multi-bed clinics registered with ACMAC. It does not take into account any NHS funded multi-bed clinics which are currently in existence. Many NHS clinics may be staffed by members of other organisations, such as the British Medical Acupuncture Society (BMAS), Acupuncture Association of Chartered Physiotherapists (AACP) and the British Academy of Western Medical Acupuncture (BAWMA). Unfortunately this study is not large enough to contact all these organisations.

1.6 Treatment in China

The private consultation model is different from that used in China, where most acupuncturists treat patients is in large rooms, with several treatments taking place at the same time often in large rooms comprising 20 or more beds ' … *it isn't unusual to see patients who are lying on tables taking with each other about the course of their illness or the news of the day'* (Wang & Robertson, 2008)

Often assistant acupuncturists give moxabustion or cupping in Chinese multi-bed clinics, so that the acupuncturists can treat 30 – 50 people in one day (Wang & Robertson, 2008).

1.7 Style of Treatment when introduced to the West

The single bed consultation model was adopted in England and the United States during the 1960s and 1970s as Western acupuncturists started to practise. Most of the pioneers of acupuncture in the West were trained in other disciplines that were more suited to private consultations (Deadman, 2009).

Van Burens (the founder of the Stems & Branches Acupuncture College in the UK) was an osteopath, naturopath & homeopath (Stadlen, 2003) and Worsley (founder of the Five Element College of Acupuncture in the UK) was a osteopath, physiotherapist, naturopath (Eckman, 2007)

In most of these disciplines it is impossible to treat more than one person at a time. It appears that as a result of the background of these influential Western Acupuncturists a style of giving acupuncture in a one to one consultation was developed and now is the norm in UK acupuncture practise.

It could be argued that the private consultation is more suited to the Western culture of individualism. This issue is not the subject of debate in this study, but these are factors which may influence acupuncturists in the UK today.

1.8 Multi-Bed Acupuncture clinics in the US

The title of this dissertation is based on the comments of multi-bed exponent in the US, named Lisa Rohleder. Rohleder started her acupuncture career giving private consultations, often paid for by health insurance companies. Rohleder grew frustrated by this because only those people earning enough money to pay for treatment or health insurance could access treatment (Rohleder, 2006). In 2002 Rohleder and Skip Van Meter set up their first multi-bed in Portland, US:

' *… we opened our clinic, providing about 12 treatment a week. In 2012 our original clinic provides about 500 treatments a week, and our second clinic provides about 200 treatments a week. We are about to open our third clinic ... If our growth continues as expected within a year we should employ 12 full time acupuncturists'* (Rohleder, 2012)

The number of acupuncture clinics adopting the WCA model of treatment has risen by 2027% in the last 6 years (POCA, 2013). An organisation called 'The People's Organization of Community Acupuncture' (POCA) was formed arising out of the growth of WCA style multi-beds in the US, which has the mission of is to work cooperatively to increase accessibility to and availability of affordable group acupuncture treatments. There are presently 223 clinics in the USA, all of which are open for *'at least three days and twelve hours per week'* (POCA, 2013).

In addition to providing accessible acupuncture, one of the aims of POCA is '*to create job stability for multi-bed employees, staff, and clinic owners'*. A search on the website for many of these clinics shows that most of the USA POCA registered clinics are open for 6 days a week and the POCA website displays a list of 'job opportunities' listing jobs for both full time and part time jobs for acupuncturists in multi-bed clinics (POCA, 2013). This creation of jobs for acupuncturists does not exist in the UK to the same extent at the present time.

1.9 Changes to NHS funding in the UK

From 1 April 2013 The Health and Social Care Act 2012 moves the responsibility for public health and wellbeing from the NHS to local government authorities. This is an opportunity for acupuncturists to provide service to local authorities for health prevention, including obesity, drug and alcohol dependence, mental health issues and smoking cessation. Multi-bed acupuncture clinics could be an ideal way to provide treatment to large numbers of people requiring help (Berkovitz et al, 2008). The success of the first NHS multi-bed acupuncture clinic, the Gateway Clinic, has been well documented and statistical results on health improvements are strong (Joire et al, 2010). A

recent study of a knee multi-bed acupuncture clinic demonstrated substantial costs savings for the local commissioning NHS group, amounting to savings of £100,000 per year (Bevis et al, 2012). If UK acupuncturists are supportive of increased multi-bed clinics this may bring a huge upturn in the amount of people benefitting from acupuncture.

Additionally, the recently piloted Personal Health Care Budgets are an opportunity for patients to choose which therapies they want to help, but the annual amounts are low, for example £490 for the year for a patient suffering from Multiple Sclerosis (Minto, 2012) It can be seen that with personal health budgets of that size only between 7 to 14 acupuncture treatments at within the usual range (May,2010) would use all the allowance. Such a calculation does not taking into account the need for other therapies such as physiotherapy, osteopathy, etc. Therefore, the ability to give frequent treatments for reduced cost in a multi-bed clinic would make frequent acupuncture treatments for those with a personal healthcare budget more likely.

If the market for acupuncture in the UK is opened up with the use of more privately funded and NHS multi-bed clinics, it is likely that more acupuncturists in turn would be able to earn a reasonable salary. This mutual gain between patient and acupuncture is key to whether a multi-bed ‘revolution’ might happen in the UK. This study will look at whether BAcC acupuncturists are interested in working in multi-beds as being a starting point for these changes.

2.Literature Review

2.1 Description of search

- CICM library
- Southampton University Library
- Winchester University Library
- Online using Google, Google Scholar
- British Medical Journal online
- Journal of Chinese Medicine online archive
- ARRC online archive
- BAcC online search engine (including journals, & archive articles)

Key words searched were ‘multi-bed acupuncture clinics’ ‘multi-bed’ ‘styles of acupuncture in the UK’ ‘ history of acupuncture UK’ ‘what UK acupuncturists think of multi-bed acupuncture’ ‘attitudes of UK acupuncturists’ ‘multi-bed revolution’ ‘US style multi-bed’ ‘future of UK acupuncture’ ‘affordable acupuncture’ ‘high volume acupuncture clinic’

2.2 Key texts and papers reviewed in this study

Bevis, M, Freedman, J, White, A, Richardson, M, Richmond, P, (2012) Group acupuncture for knee pain: evaluation of a cost-saving initiative in the health service

Berkovitz et al, (2008) 'High Volume Acupuncture Clinic for chronic knee pain – audit of a possible model for delivery of acupuncture in the NHS

Curnoe, Hopton, Kanaan, McPherson, Acupuncture in practice: mapping the providers, the patients and the settings in a national cross-sectional survey son, J (2011), 'Multi-bed acupuncture: a first-hand experience

Deadman, P (2012) 'Multi-bed - Making Ming Vases From Buckets: A Reply to Lisa Rohleder'

Deadman, P (2003), Gateway: A Model Clinic

Potter, S (2008) 'What is Low-cost, Multi-Bed Acupuncture?'

Rohleder,L (2012) 'Multi-bed: Making Buckets from Ming Vases'

Savigar, 2011, ACMAC Survey 2011

Shires, (2009) 'Low Cost Acupuncture: At What Cost?'

Stone, C, (2006) Investigating patients' experiences of receiving acupuncture treatment in a multibed clinic: A case study of the Dragon Acupuncture Project, Brighton.

Stone, C (2008) Multi-bed Acupuncture clinics: a new model of practice

2.3 Aim of Literature Review

The aim of the literature review as to ascertain whether there was existing literature that examined the attitudes of UK acupuncturists towards multi-bed acupuncture clinics, both in relation to their own practice and for the benefit of their community.

2.4 Key Findings

There are few articles or books available dealing specifically with the attitudes of UK practitioners towards multi-bed clinics. The only views that tend to get reflected are those of enthusiastic multi-bed exponents, such as via the website ACMAC. It was the population of acupuncturists as a whole that needed to be represented. The absence of literature may reflect the individual and sometimes isolated professional life of many acupuncturists, so that an overall 'voice' is not portrayed, each having their own perception of the profession as a whole.

The success of the Gateway clinic established in 1990 by John Tindall is well documented and several research papers have shown its clinical efficacy (Joire et al, 2010). Berkovitz et al (2008) details the success of a NHS multi-bed clinic (nurse run) and suggests as a model for other such clinics as a way to saving substantial funds to the UK. Further studies have shown that patients respond well to group acupuncture (Asprey, 2012). These studies did not have the remit of asking whether UK acupuncturists are keen to work in such multi-bed clinics.

Curnoe's research provides an overview of acupuncture providers currently in the UK. The study includes details of the acupuncturists providing treatment in the UK, what type of acupuncture they give, patients seen and their

membership of professional organisations. It does not look at types of clinics nor attitudes towards different clinic styles.

An interesting debate on the subject of multi-beds was started with Rohleder's article in the JCM in February 2012 ' Multi-bed – Making Ming Vases from Buckets' to which Deadman replied in the Journal of Chinese Medicine. (JCM, 2012). The subject matter of these articles is the detail of how the US multi-bed clinics have become so successful.

Rohleder's article puts forward a business model for running a multi-bed acupuncture clinic, based on her own experience in the US. Deadman's reply acknowledges that '*Community style acupuncture can help lower the price and give work to practitioners (as well as invaluable clinical experience to novice practitioners) and it can foster a positive, warm healing atmosphere that benefits both patients and practitioners*', but goes on to query as to whether the model put forward by Rohleder is the best one available to ensure the patient's best treatment '*this model .. risks .. Impoverishing Chinese medicine..'.* This argument is about best practice, so in Deadman's response there may be a clue to some concern about multi-bed clinics amongst UK acupuncturists, but Deadman's views are his own. Since these articles there has been little response in the JCM or The Acupuncturist. There is a lot of comment on these articles on the POCA website, but this represents opinions in the US not the UK.

In 2011 a quantitative survey was made of the members of ACMAC was made to review clinic operations during 2010 (Savigar, 2011). This report provides valuable information about the size, income and activities of 29 of the 53 ACMAC members in 2011. This information is extremely valuable, but only

deals with responses from existing ACMAC members. Only those currently involved in multi-bed clinics took part, so it would not deal with attitudes of acupuncturists not involved with multi-beds.

Stone's work on the day to day running of the Dragon Project in Brighton was the first investigation into a successful multi-bed practice and its patient's perceptions of the service (Stone, 2006). This is valuable in focusing on one clinic and the experience of its patients. Similarly, Stones article in 2008 provides a comprehensive account of the pros and cons for both patient and practitioner of multi-bed clinics. The article does not look at the opinions of acupuncturists working outside of the multi-bed model (although many may in practice do both).

There are several articles examining the role of the Gateway Clinic, which was the first NHS multi-bed acupuncture clinic in the UK. Some of these articles consider whether the success of the Gateway could be replicated in other parts of the country (Deadman, 2003), but this does not deal with the attitudes of acupuncturists.

Shires wrote about the quality of the multi-bed experience in the UK (2010), highlighting the pros and cons of the treatment. Shires concluded that many acupuncturists enjoyed the '*camaraderie*' of working in a multi-bed clinic. This study included surveys of 6 UK multi-bed clinics with the emphasis on how the impact that such a setting had on the quality and breadth of treatment. Shire's is helpful in giving an indication of what acupuncturists experience working in a multi-bed, but it only involved those working within the mult-bed clinics.

Potter (2008) undertook detailed research into what constitutes multi-bed acupuncture and how treatments are given in both UK and US multi-bed clinics.

The online survey was sent to acupuncturists already working in multi- bed clinics. The BAcC Survey 2011 surveyed members of the BAcC. None of the questions were qualitative, so the attitudes of members were not collected.

2.5 Conclusion to Literature Review

There does not seem to be any research about attitudes of UK acupuncturists generally towards multi-bed clinics. The attitudes of those working within multi-beds is useful, but this study seeks to canvass the opinions of a wider sections of acupuncturists in the UK.

3. Research Question:

“What do UK acupuncturists think about multi-bed acupuncture clinics?”

4 Method

4.1 Choice of Research Design

The research objective of this study is to provide information in respect of the attitudes of a number of UK acupuncturists towards multi-bed clinics. It was necessary to choose a research method that would suit this objective and enable analysis of responses from fairly large sample of acupuncturists.

The choices were to use:

- **An experimental design**: this model is good for a controlled environment such as a laboratory, but not for this situation;
- **Case study**: it was possible to obtain the views of one group of acupuncturists (e.g all those practising at CICM), but it was felt that the results could not reliably be transferred to reflect those of wider population
- **Historical/literature review**: a literature review was crucial to assess the information currently available in this area, but was not sufficient alone to investigate this topic
- **Action Research**: only suitable if a particular problem had been identified, which was not this case in this study
- **Survey**: the most suitable method. It is a descriptive method, which enable information to be gathered to reflect the current situation. The use of survey was chosen because it suited the need to obtain information

relating to and the opinions of a number of acupuncturists. The aim was to collect data from a substantial number of acupuncturists so that this could be analysed with a view to it providing a representation of the larger population of UK acupuncturists.

4.2 Research Strategy

The research strategy involved a **mixed method model** (Biggam, 2011), using two approaches:

Quantitative 'obtaining set facts and measurements' (Cresswell, 2008) and

Qualitative 'exploring the meaning an individual or group ascribes to a social problem' methods (Cresswell, 2008).

The mixed method of both a quantitative and qualitative strategy was the most appropriate to the research question because it was necessary to:

1. Obtain **quantitative** information ' to count and measure objective data' (on the practitioners experience, current practice, age, length of years in practise, number of hours worked, number of patients seen and whether they gave reduced rates to patients.
2. Obtain **qualitative** data of the practitioner's attitudes towards multi-bed clinics, whether they would like to work in one and whether they thought that a multi-bed clinic was a good place for newly qualified acupuncturists to learn.

The information in point 1 above was seen as being necessary so that the responses could be collated systematically to establish whether there were any trends according to age, years of practice or for any of the information criteria

To only obtain qualitative opinions would have not provided the required context and weighing for the qualitative information. Gathering both types of information has made correlation possible between the qualitative and the quantitative data.

4.3 Method of Data Collection

The methods of data collection available were observations, interviews, or questionnaires. It was decided that a questionnaire was the most time effective way to gather information for a large number of acupuncturists. The questionnaire was developed using closed ended questions. The questionnaire was divided into **two sections**:

Section 1: relates to the practitioner and his/her practise.

Section 2: relates to the participant's attitudes in respect of multi-bed acupuncture clinics and information as to whether the participant is currently working in a multi-bed clinic.

A copy of the Questionnaire used in this survey is shown in **Appendix A.**

4.4 Sample, Rationale for size and composition of sample

To avoid any bias it was important that acupuncturists included in this survey had an equal chance of being chosen. Respondents were chosen using a systemic random sampling method.

Table 3: Sampling Method

Systemic Random Sampling Method	Database utilised
Every 9th name on the list	BAcC online list of members 2011 (accessed 6/9/ 2012)

Table 4 – Statistical Analysis of Surveys sent in this Study

Total No. Surveys Sent	300
Completed Responses	52
Partial Responses	1
Response Rate (inc. Partials)	17.33%
Response Rate (exc. Partials)	17.66%

The respondents were chosen from members of the BAcC because it is the largest professional organisation for acupuncturists in the UK. Whilst there are other several other acupuncture organisations in the UK, such as The British Academy of Western Medical Acupuncture and The British Medical Acupuncture Society, for the purposes of this study only one organisation was chosen. The rationale for this is that BAcC members are the largest

representative of acupuncture in the UK, so surveying its members should give an indication of the views of the largest majority of UK acupuncturists. Additionally, the BAcC is the largest organisation representing acupuncturists who have a degree qualification in acupuncture, but are not necessarily trained in any western medical discipline.

4.5 Data Collection

It was decided that the most economical, quickest and with the highest ease of use for the respondents was the online survey. This service was free if the survey was limited to 10 questions, which was ample for the subject matter of this study.

4.6 Ethical Considerations

The online survey supplier, SurveyMonkey, was chosen, which states that they will ensure confidentiality and data protection. Questionnaire responses are anonymised and all the data remains the property of the person who uploads the data.

Other possibilities of gathering data included:

- A postal survey. This would have cost in the region of £300 (including return labels) to send the survey by second class UK post
- An emailed survey, with an attached documented survey. This would have relied upon the respondents having compatible software to be able to complete and return their responses electronically
- Interviewing acupuncturists individually. To carry out this type of quantitative and qualitative research would have been time consuming and involved travelling costs. Personal interviews would have been

possible to a maximum of 10 acupuncturists, but this would have limited the size of the survey.

4.7 Piloting of Survey

The initial questionnaire was sent to a dissertation supervisor, whose feedback lead to some questions being altered. The survey was then piloted on three acupuncturists who were friends and colleagues, who did not take part in the later formal survey. It was noted that the survey took approximately 10 minutes to complete. No changes were made to the survey as a result of this pilot.

4.8 Practicalities:

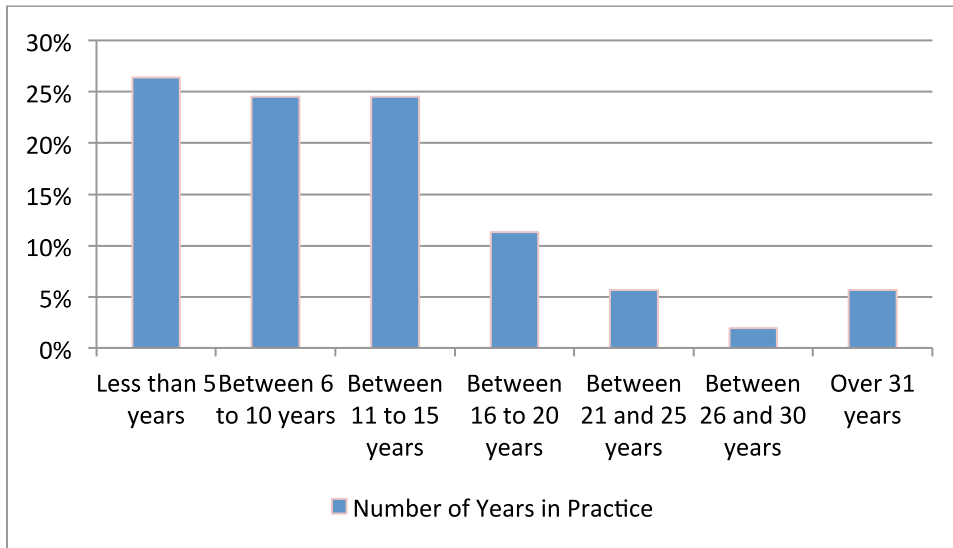
This study required:

- Access to a computer with appropriate software (Microsoft Word, Outlook, Excel, PowerPoint)
- Broadband internet access
- Access to SurveyMonkey, which was free

5. Results and Analysis

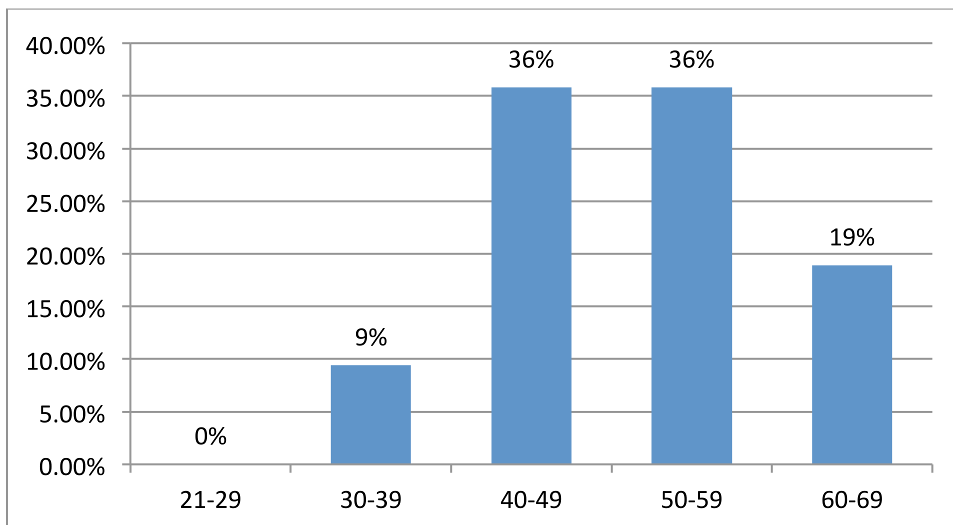
Section 1 of survey: "Information about you & your practice"

Chart 1: Q1. How long have you been an acupuncturist?



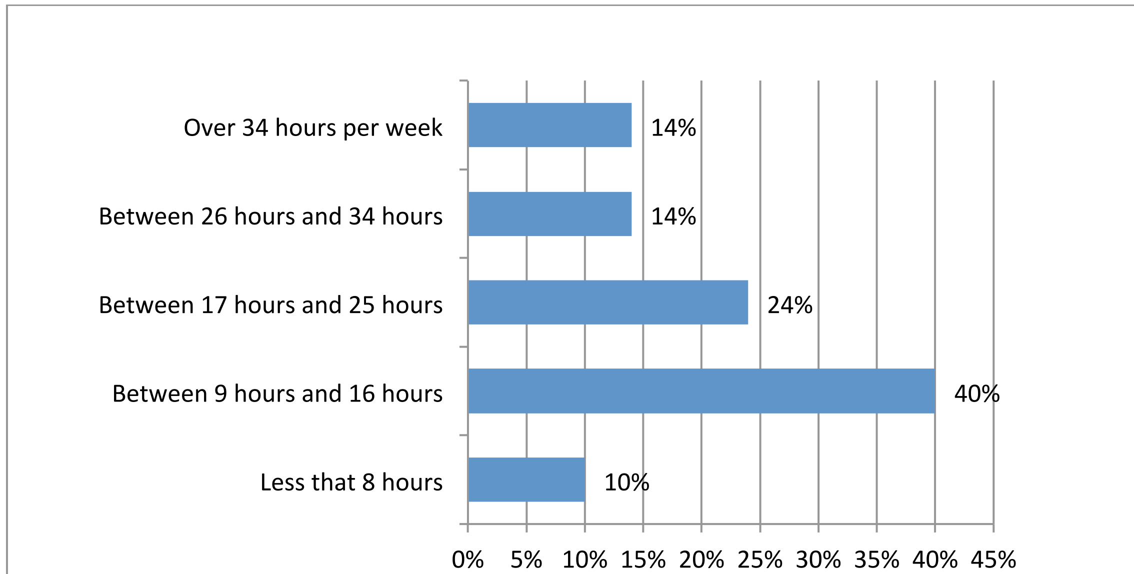
The majority of acupuncturists responding to the survey (75%) had been in practice for 15 years or less.

Chart 2: Q2. Which category includes your age?



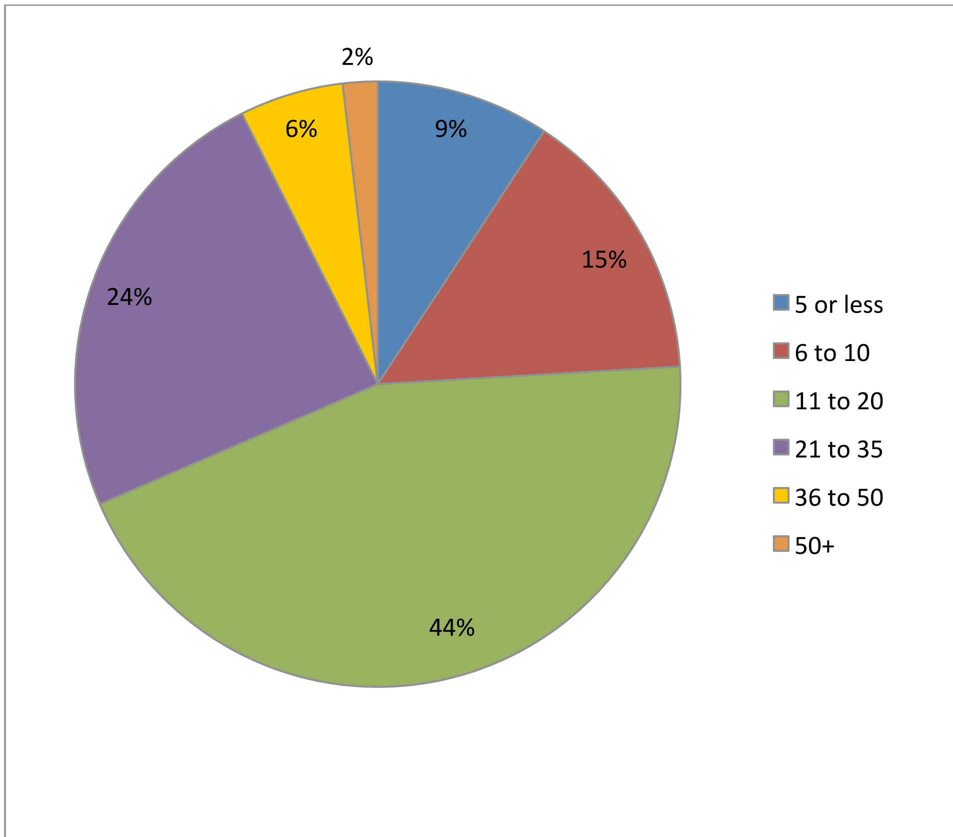
The majority (71.6%) of practitioners were in the 40 to 59 age range.

Chart 3: Q3. How many hours do you work as an acupuncturist in an average week?



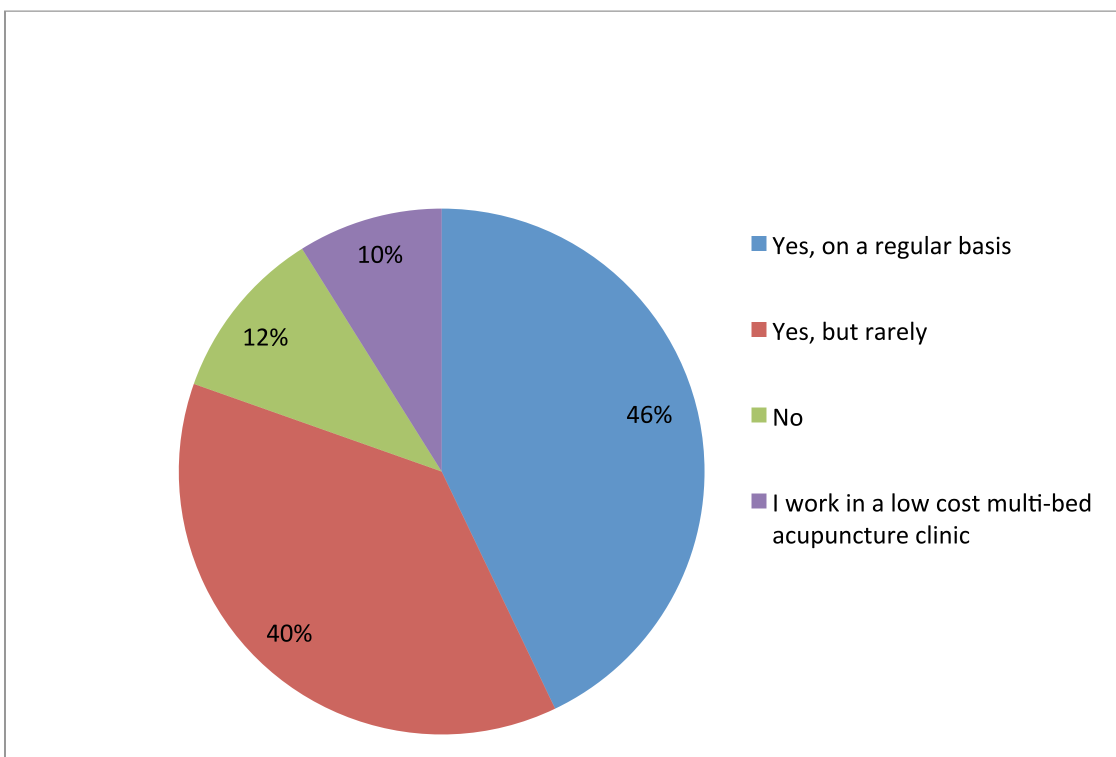
The majority of acupuncturists 64% work the equivalent of a 2 or 3 day week;

Chart 4: Q4. How many patients do you treat in an average week?



This question revealed that 68% of respondents were treating over 11 patients per week.

Chart 5: Q5. Do you give reduced rates for some patients?



It is interesting to note that 86% of respondents already gave reduced rates for treatment, 46% on a regular basis.

Q5 invited comments. 8 comments were received as follows:-

1. “I give discounted introductory rates to friends”

2. “Not yet practising acupuncture as still awaiting paperwork. Have been doing other holistic therapies as a volunteer in a local hospice and people who will become my acupuncture ambassadors free of charge”

3 “For people on benefits or those that have to come more than once a week”

4. “I work in 3 low cost places, as well as my own house for full price (a few!)”

5. “Not yet set up in practice, but will be giving reduced rates for several patients. Already have a 'waiting list' of people who want to see me when I set

up, think this is partly due to competitive and reduced rates and recommendations from friends who I’m using as 'ambassadors'. Good luck with your dissertation”

6. “I have just begun operating two rooms at one time, and plan on extending to a multi-bed situation in the New Year. I am doing this because there are too many people who don't consider acupuncture because of the cost, and those that start treatment and finish too early because of the cost.”

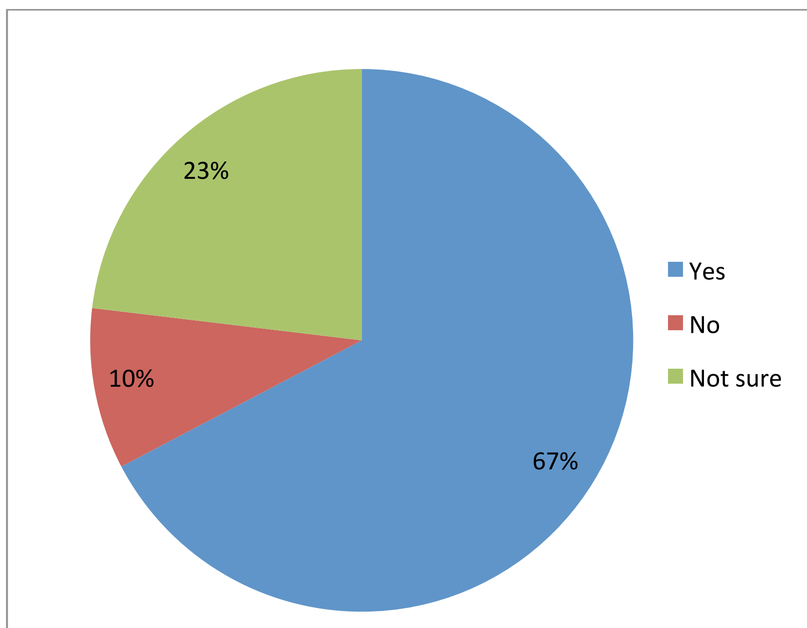
7. “I operate 2 types of clinic: boutique and Multibed”

8. “I have a sliding scale according to earnings”

It can be seen that all of these comments were from respondents who gave fee reductions (or planned to do so)

Section 2 of the survey. "Your views on multi-bed/multi-bed clinics."

Chart 6: Q6. Do you think that multi-bed clinics are a good way of making acupuncture more widely accessible?



The response to this question was conclusively in favour of multi-beds being a good way of making acupuncture more accessible.

Question 6 invited comments. 5 comments were received:

1. "I am very keen to set up a multibed"

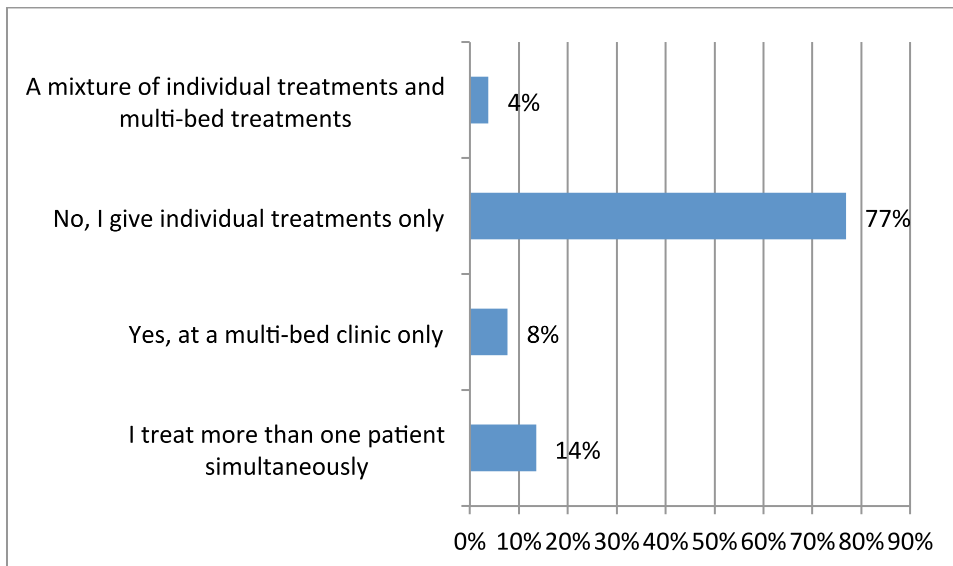
2. "My concern with multibed clinics is that people get general care that is 'Good enough' not specific care that is what they need"

3. "Have never been to, or used, a multi bed"

4. "If you have not already done so, then I recommend you read 'Acupuncture is Like Noodles' by Lisa Rohleder"

5. "a question of what people are used to"

Chart 7: Q7. Do you currently treat patients in a multi-bed setting?



Participants who treated several patients simultaneously in separate rooms, stated the maximum number of patients they could treat at any one time. 9 comments:

1.“Only on occasions”.

2. “2”

3. “4”

4 “No patient as not set up yet - doing individual treatments initially, mainly because, haven't yet found suitable premises for multi-bed. Will be setting up multi-bed as soon as practical.”

5 “Two at present”

6 “occasional private one on one”

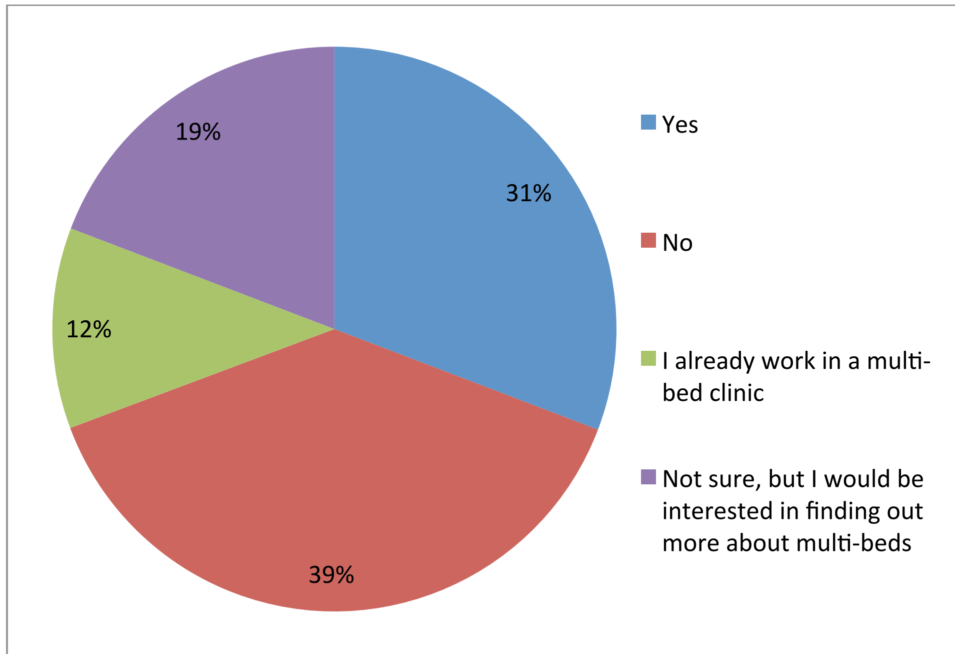
7 “2”

8 “2”

9 “3”

These responses showed that although the 14% of acupuncturists in this category were not technically working in multi-bed clinics, they were managing to treat several people at the same time by treating them in different rooms.

Chart 8: Q8. Would you be interested in working in a multi-bed clinic, if one was near to you?



43% were either already working in or were interested in working in a multi-bed.

19% were unsure, but wanted to find out more. But 39% were not interested.

Q8 invited comments. 13 comments were received:

1. "I would love to set up and work in a multiibed but would also do some individual treatments"

2. "Individual care treats more than the presenting symptoms".

3. "For me the close one to one therapeutic relationship is essential."

4. "I should like to see how it works and give it a go"

5. "Retiring soon"

6. "Don't think that they give properly individual treatment"

7. "It suits the way I work, more patient opportunities"

8. “because my own energy is not suited to that environment - too busy, too many people etc.”

9. “I dislike practicing in that way. I have tried it in the past.”

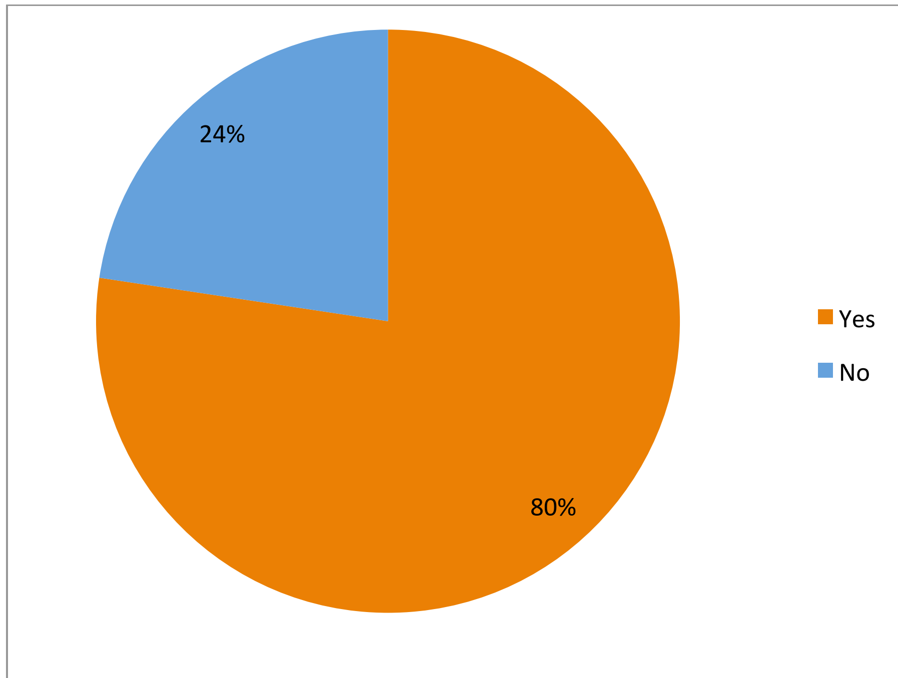
10. “I worked at the ‘Y’ multi-bed clinic for 6 years. Would only be interested if appointment times were at least 30 minutes contact with each patient. Do not feel I work effectively with less time than this and therefore not satisfying. Prefer to give low cost sessions to those that need them.”

11. “Osteopaths, Chiropractors and even doctors in large clinics do not treat in multi-bed clinics. Multi-bed clinics are a means usually when proposed to lower costs. This is will undermine the livelihood of other Acupuncturists and demean the credibility of our profession. It is stuff and nonsense. I started at the ‘X’ clinic which is multi-bed but each Acupuncturist charged the normal price. This is fine but low cost multi-bed clinics are a sure way to disaster for a therapy already struggling in this economic climate. Some of us need to make a living.”

12. “Access to more people”

13. “The patient gets more from an effective 121 session”

Chart 9: Q9. Do you feel that a multi-bed clinic is a good place for newly qualified acupuncturists to learn and gain experience?



80% were positive about newly qualified acupuncturists learning in a multi-bed.

28 Comments:

1. "All experience is good for newly qualified practitioners".

2. "Greater volume of patients leads to quicker learning"

3. "it is very difficult to start a practice and the camaraderie would be of benefits"

4. "it is a good discipline but thorough individual care should be a major part of training"

5. "too production line like".

6. "Very probably"

7. “Depends on the personal & professional values of the individual acupuncturist”

8. “Excellent way of getting to see a lot of patients and useful to have a 'mentor' on hand. Downside is that some people need time to 'go solo' to gain full confidence in their own abilities”

9. “Possibly - you see a lot of patients, but must be careful not to diagnose and treat too quickly and become formulaic”

10. “Not enough time can be spent with the newly qualified practitioner when a practitioner is rushing about in a multi bed”

11. “higher turnover of patients. good way of receiving mentorship and having someone to 'bounce' thoughts and ideas off”.

12. “Apprenticeship is the best way to learn”.

13. “Depends on the clinic and the acupuncturist”

14. “yes, only if it suits their own Qi, else it could be a damaging environment in which to start their careers.”

15. “It can be a practical way to be mentored”

16, “I am unsure actually. I hope so as my newly-qualified daughter is joining me in the multi-bed clinic next year. I have been treating patients for three years and only now feel confident to do this. You need to be confident that you can do something for pain, quickly and efficiently, as in my experienced this is the main presenting problem. I could not do this when I first left college.”

17. “absolutely, with seeing a higher volume straight away experience & confidence & competence”

18. “open situation”

19. “It depends. Needs to be in a setting where the experienced practitioners have the time to invest. They rely on fast turnover of beds which is not ideal for new practitioners”

20. “Can't answer as I haven't worked in a multi-bed clinic”

21. “need experience to cope with the intensity of treating lots of people in a day”

22. “initially it is easier to focus your attention by treating one person at a time. To build on your experience you can go and observe other practitioners working”

23. “Will see many interesting cases, plus it will be a quicker pace than in private clinic setting”.

24. “you can see a large number of patients to practice on who won’t mind a new practitioner as they are getting it cheap”

25. “actually not sure, but I think experience is needed to treat in this manner”

26. “Hands on experience”

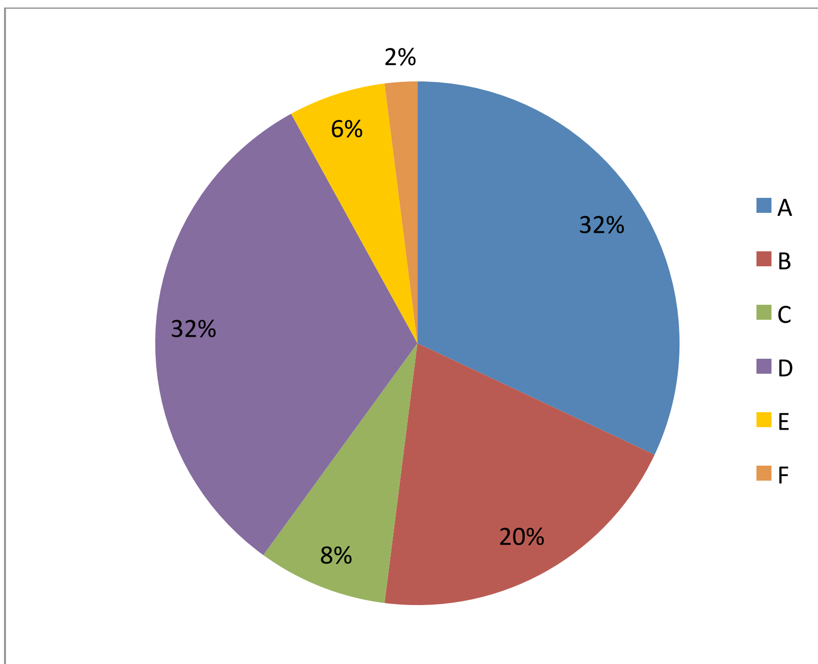
27. “The apprentice approach should be compulsory as part of post graduate development”.

28. “essential for clinical knowledge”

The wide variety of comments will be examined thematically in the Discussion section below.

Chart 10: Q10. Please tick ONE response below which you feel MOST reflects your views.

- A. Multi-bed clinics are an excellent way of providing low price acupuncture.
- B. I would like to offer multi-bed treatments in addition to individual treatments, because I can see the benefits of both.
- C. I have never seen a multi-bed clinic, but would be open to find out more.
- D. I am not comfortable with multi-bed clinics, because it does not allow for privacy and it inhibits rapport with patients; it does not suit my style of acupuncture.
- E. Low cost multi-bed clinics will undermine the UK acupuncture profession; it is important that a professional level of fee is charged so that acupuncturists can make a living.
- F. I am concerned that multi-bed clinics will undercut local acupuncturists and take patients away from them.



These responses show that 52% of respondents viewed multi-bed clinics favourably, whereas 40% had a less favourable attitude to multi-beds. Only 8% were hostile to the idea of multi-bed clinics.

Q10 invited comments. 14 comments were received as follows:

1. “Acupuncture needs to be accessible to patients of all income levels - it is unfair that some patients cannot afford it on a one to one basis, they need it as much if not more than the more well off patients. Plus affordable acupuncture will relieve the burden on the NHS which is under considerable strain”.

2. “but I think that they work mostly for physical/muscular skeletal issues”

3. “Multi-bed and what I do (individual treatments) are different. It's a toolkit, match the tool to the job”.

4. “Maybe ok for Nada Protocols, think last 2 points are important, but there is a huge difference between expectations and requirements in big cities vs rural / small towns”.

5. “Not sure about this”

6. “I hope to provide treatments to people who would not otherwise be able to fully access acupuncture owing mainly to cost”.

7. “I've long worked in my clinic seeing up to three, occasionally four, patients at a time, but each in their own room. In China I worked in a clinic with four beds in the same room where they expect it”.

8. “There is a place for all types of clinics”

9. “I am offering both full fee one-to-one and multi-bed acupuncture to cater for everyone”

10. “it's not about undercutting, but rather being fair to patients. They then have choice to see practitioners privately or attend a multibed. None of my patients

have ever said that they have felt compromised either on the privacy/confidential or treatment side of things”

11. “but I prefer to offer low cost to those that need it. It does not suit my pace/style of working!”

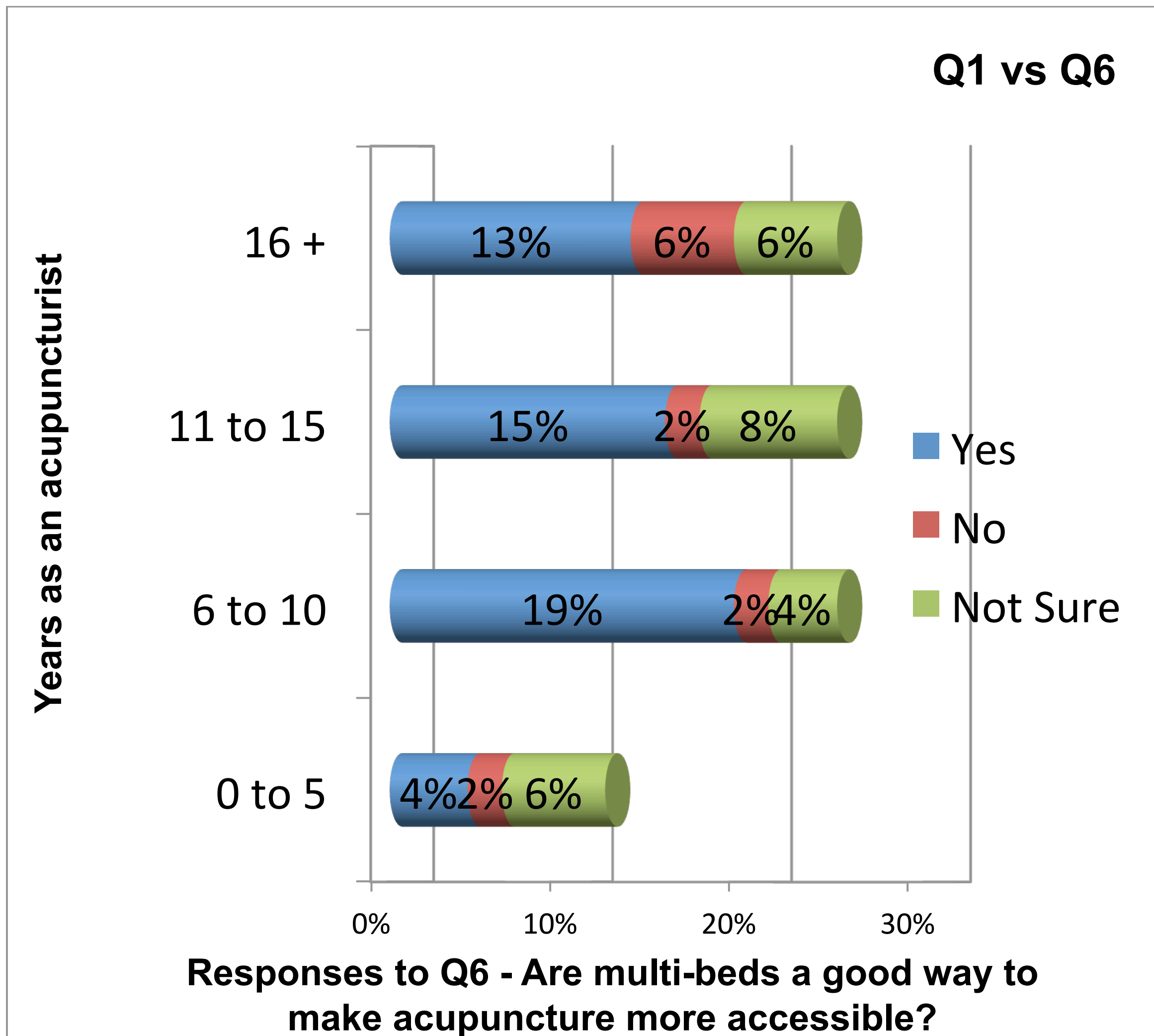
12. “the more there are multi-beds the more people will get used to the idea”

13. “I would tick the last box and seek to undermine any low cost multi bed clinic by whatever means possible. At the end of the day we are in competition--get real”

14. “The more the public experience acupuncture, the more it will grow. There is a market for both multibed and individual acupuncture but WE need to build them”

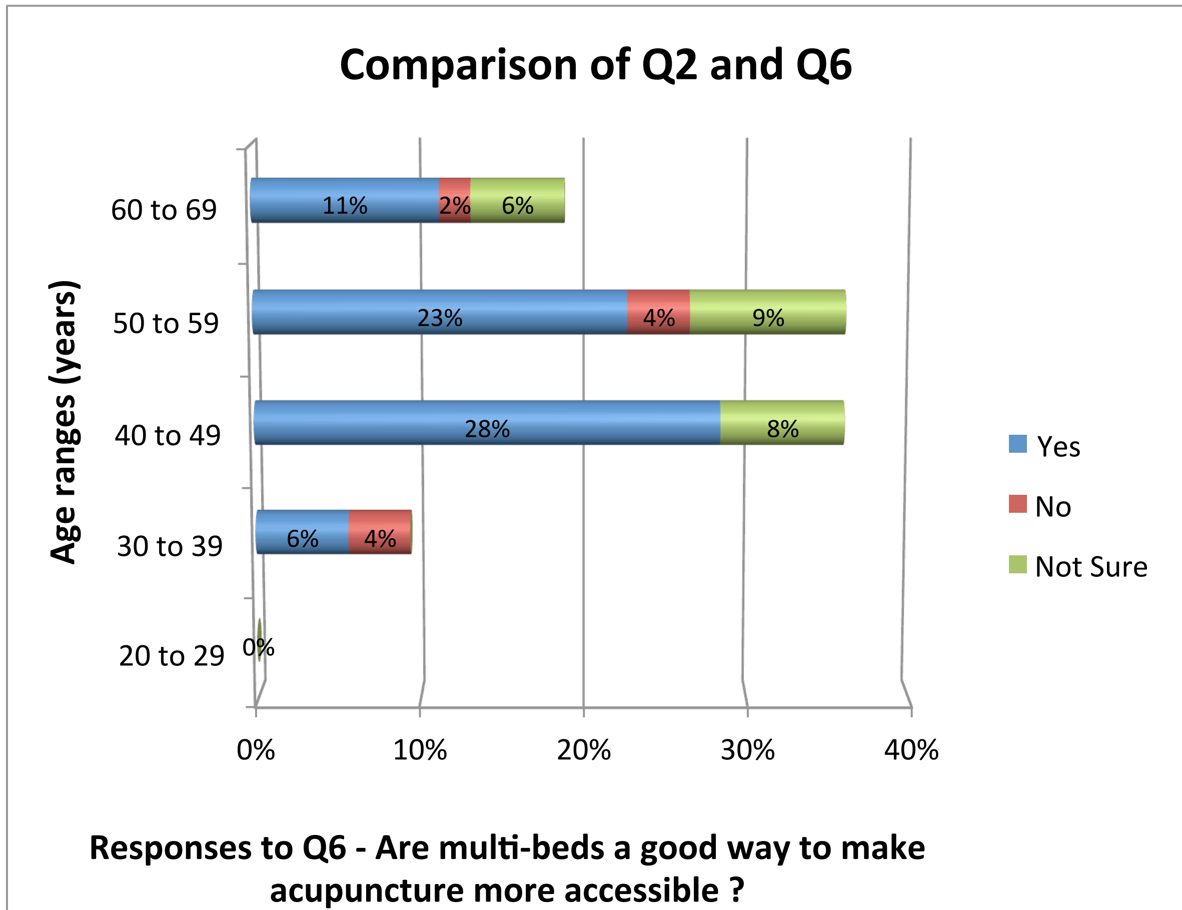
These comments have been arranged thematically below.

Chart 11: Q1: Years as an acupuncturist compared to Q6: are multi-beds a good way to make acupuncture more accessible?



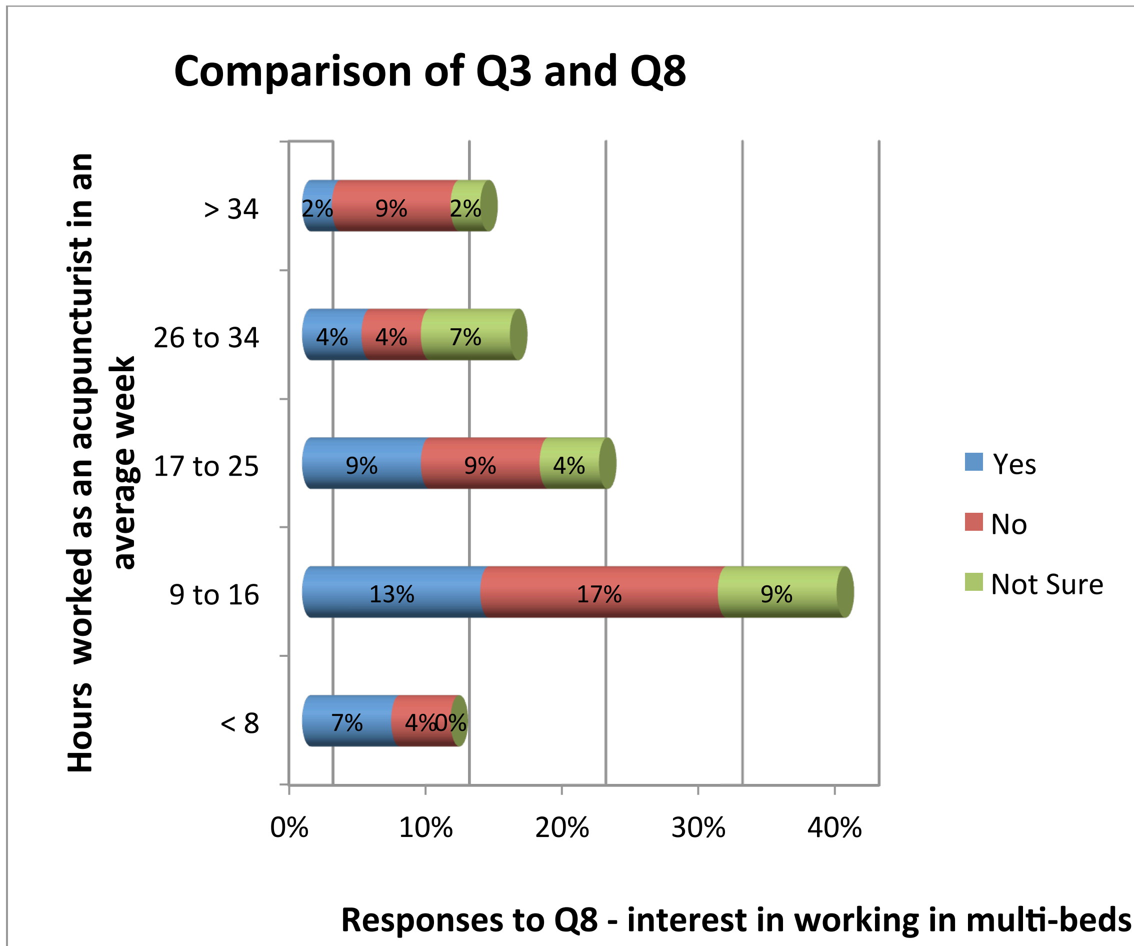
The length of time qualified over 16 years has been grouped together, because numbers within these sections were small. The blue sections relate to those participants who said Yes to Q6.

Chart 12:



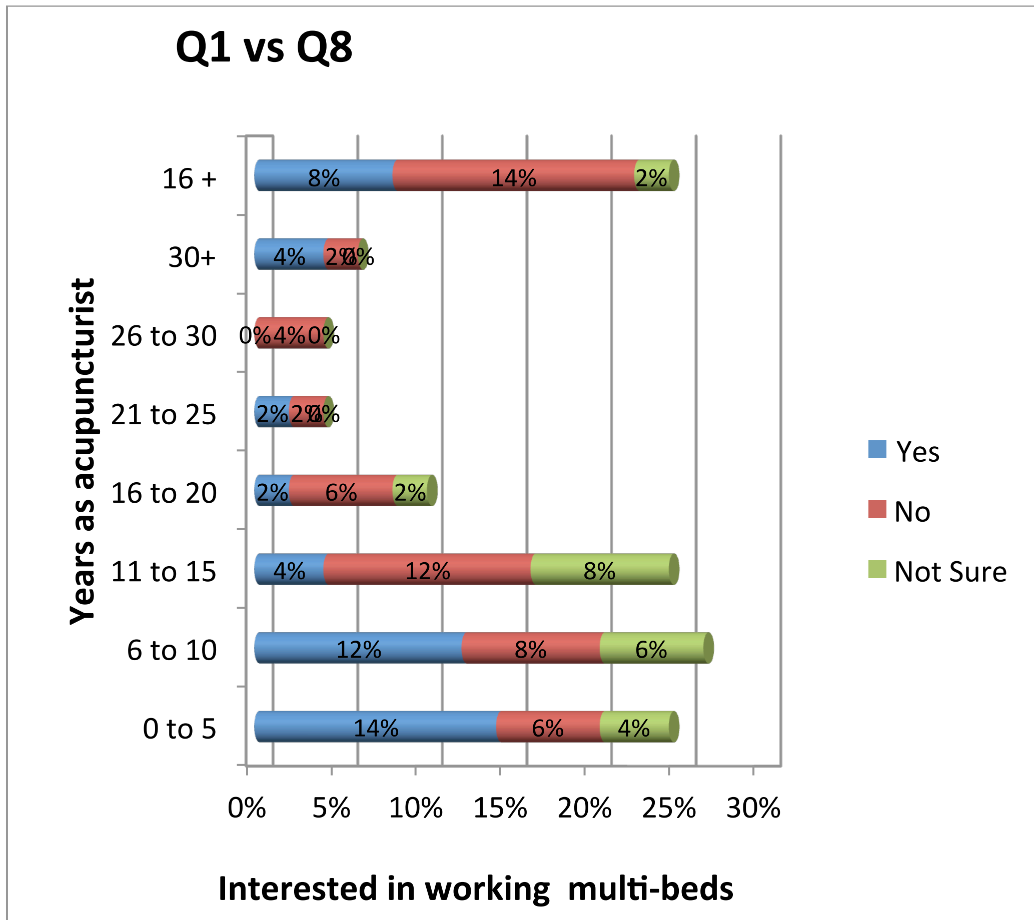
The percentage totals add up to 100%, so that the figures reflect the whole response to Q6, split into age ranges. There were no respondents aged between 20 to 29.

Chart 13



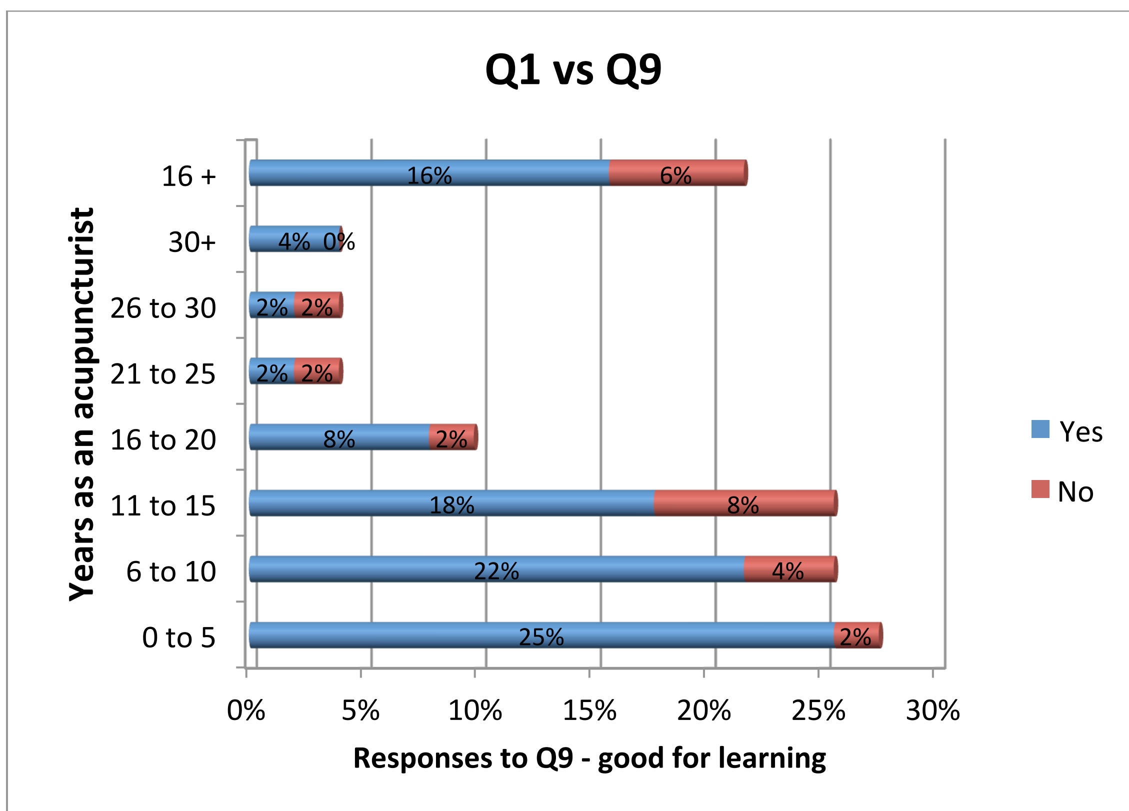
The percentages add up to 100% overall, but are split to reflect the hours worked by the respondents.

Chart 14:



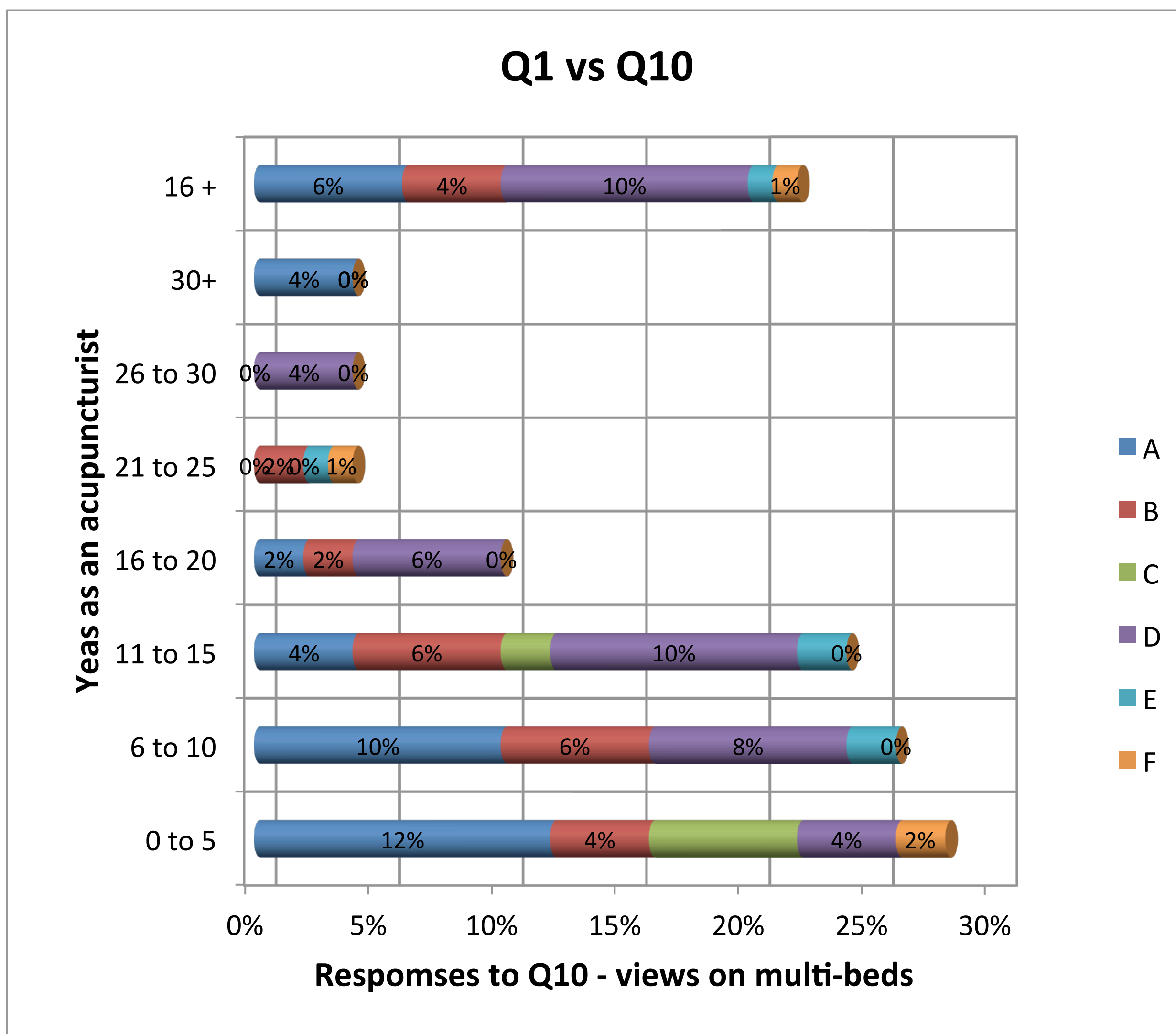
The percentages for those practising over 16 years have been grouped to show one overall percentage, due to small numbers in the over 16 years category.

Chart 15:



The group who have been practising for more than 16 years have been put in a category together, because the numbers in those groups were too small to compare full with the other categories.

Chart 16:



- A. Multi-bed clinics are an excellent way of providing low price acupuncture.
- B. I would like to offer multi-bed treatments in addition to individual treatments, because I can see the benefits of both.
- C. I have never seen a multi-bed clinic, but would be open to find out more.
- D. I am not comfortable with multi-bed clinics, because it does not allow for privacy and it inhibits rapport with patients; it does not suit my style of acupuncture.
- E. Low cost multi-bed clinics will undermine the UK acupuncture profession; it is important that a professional level of fee is charged so that acupuncturists can make a living.
- F. I am concerned that multi-bed clinics will undercut local acupuncturists and take patients away from them.

6. Discussion

The result of the survey combined with the literature review made it possible to consider whether we had an answer the research question.

Research Question: ***What do UK acupuncturists think of multi-bed clinics?***

6.1 Findings Section 1 of Questionnaire: Description and Analysis

Section 1 (Questions 1 to 5) enabled factual data in relation to the participants to be considered so that the responses to Section 2 could be analysed in a contextual framework. The table below shows details relating to the majority of participants taking part in this study.

Table 5: Trends found in responses to Q1 to Q5

Trends found in Questions 1 - 5				
Q1: Years as Acupuncturist	**Q2: Age**	**Q3: Hours worked**	**Q4: Number of patients treated**	**Q5: Reduced rates**
Less than 15 years (75%)	Between 40 and 59 (72%)	Between 9 hours and 25 hours (64%)	11 to 35 (68%)	Yes (86%)

Q1: Years in Practise. The results showed that over 75% of practitioners had been in practice between O years and 15 years. The proportions that had been

practising for less than 5 years, between 6 to 10 years and 11 to 15 years were similar (26.4%, 24.5% and 24.5% respectively).

In Q2: Age. The proportions between 40 to 49 and 50 to 59 years old were equal (35.8% in each category). The majority (71.6%) of practitioners questioned were in the 40 to 59 age range.

It was interesting to note that none of the respondents were less than 30 years of age. This would indicate the fact that many acupuncturists start their training after pursuing other careers or raising families.

Q3: Hours worked. The majority of practitioners (40%) questioned worked between 9 and 16 hours during a typical week. 14% work the equivalent of a full conventional week; a minority of 10% practice a very short week. The information about hours worked failed to ask whether this was chosen hours or hours when patients were available to them. Without this information it is impossible to know which dictates the other, but it may indicate that most acupuncturists chose to work part time.

Q4: Patients seen in an average week. These responses corresponded with the hours worked, suggesting that if an average of 6 patients were seen each day the largest group was working between 2 to 3 days per week. The high numbers of patients seen by 8% of the respondents suggests that this corresponds with the practitioners already working in a multi-bed clinic.

Q5: Do you give reductions? 46% gave reductions on a regular basis. This is particularly interesting when compared to the average patient number in Question 4 was between 11 to 20 patients per week, so that any reduction to fees in this relatively small patient number could significantly affect earnings. No information was obtained about the level of reduction given.

6.2 Findings for Section 2

Question 6 – 'Do you think that multi-bed clinics are a good way of making acupuncture more widely accessible?'

Chart 6 shows that the number of participants answering Yes to Question 6 was 35 or 67%. This was a surprisingly high result, considering that only 3 participants were already working in a multi-bed.

The wording of the question could be key to it having such a high response rate (Alwin et al, 1987). It could be that due to this question focusing on accessibility only many participants felt at ease in answering this in a positive way.

Question 7 – 'Do you currently treat patients in a multi-bed setting? 77% of participants give individual treatments only. There were several answers giving details of how many patients they could treat in separate rooms, but the information does not in fact add much to knowing whether or not individual treatments are given.

Question 8: 'Would you be interested in working in a multi-bed clinic?'

Chart 8 shows the response to this question, in which there are a large number (39%) who were clear that they were not interested in working in a multi-bed clinic, but 31% said Yes, they would be interested. 12% already work in a multi-bed. 19% were unsure, but were interested in finding out more. Therefore, 62% either worked in a multi-bed, wanted to work in a multi-bed or were interested in finding out more. This is a large percentage, which reflects the positive result in Q6 (accessibility). Interestingly, Q8 was the question for which an answer was

omitted the most (4 occasions). It may be that those skipping the questions felt it was irrelevant to them, so they choose not to answer.

7 of the 13 comments received in response to this question referred to the value of '*the one to one therapeutic relationship'*. This seemed to be a strong theme running through the responses. The 39% equates to 20 'No' responses, so clearly many had strong feelings, but did not put their comments in the space available.

Q9: Multi-beds being a good place for learning:

80% of respondents **considered that a multi-bed clinic is a good place for newly qualified acupuncturists to learn and gain experience (Q9**). This was an unexpected result, particularly in view of the lesser percentage of 67% stating that a multi-bed was a good way to improve accessibility. This may reflect the view that UK acupuncturists feel that apprenticeships would help the learning experience of acupuncturists (Dent, 2012).

Q9 attracted the most comments of any of the questions (28), with the majority being positive towards multi-beds being a good learning opportunity for newly qualified acupuncturists.

Comparison of Section 1 with Section 2 findings

Chart 11 shows the relationship between **Q1: years as an acupuncturist when compared with the answers to Q6: accessibility of multi-beds**. The percentages for those saying Yes to Q6 having been qualified for 6/10, 11/15 and 16 plus years were all similar, being 19%, 15% and 13% respectively.. The percentage saying Yes to Q6 below 5 years qualification was only 4%, perhaps indicating that lack of experience had an impact on their opinion of multi-beds.

Chart 12 compared **Q2: age with Q6: multi-beds being good for accessibility**. This response was noteworthy, indicating that those in the 40 to 49 years age range were the most favourable towards multi-bed clinics (28%) although this was closely followed by age 50 to 59 (23%), showing that multi-beds were most popular with these age ranges. Age 30 to 39 was the lowest (6%) which may reflect on the years qualified response (Chart 11 above).

Chart 13: The lowest percentage (2%) of those interested in working in a multi-bed occurred in those already working more than 34 hours per week, so this may be because they already work a full working week as an acupuncturist. The limitations in this question became evident, because we do not know whether the acupuncturists working less hours are doing so by choice or not.

Chart 14 shows that the **highest percentage** interested in working in a multi-bed was amongst those who had only been qualified **for 5 or less years**.

This is in contrast to Q1 and Q6 where the number thinking that multi-beds were a good way of making acupuncture more accessible was only 4%, so lower than those in that category who were not sure. The desire to work in a multi-bed in

the 5 years or less category may reflect the desire to gain more experience and learn more about multi-beds generally.

Chart 15: **Q1: Years as an acupuncturist compared with Q9: multi-beds being a good place for learning**. The largest group in favour had a 25% Yes response from those who had been qualified less than 5 years. The other length of qualification groups had support for the Yes response of 16% (16+ years), 18% (11-15years) 22% (6-10 years). The lowest group was the 16-20 years qualified group, although there is no clear reason why this should be the case.

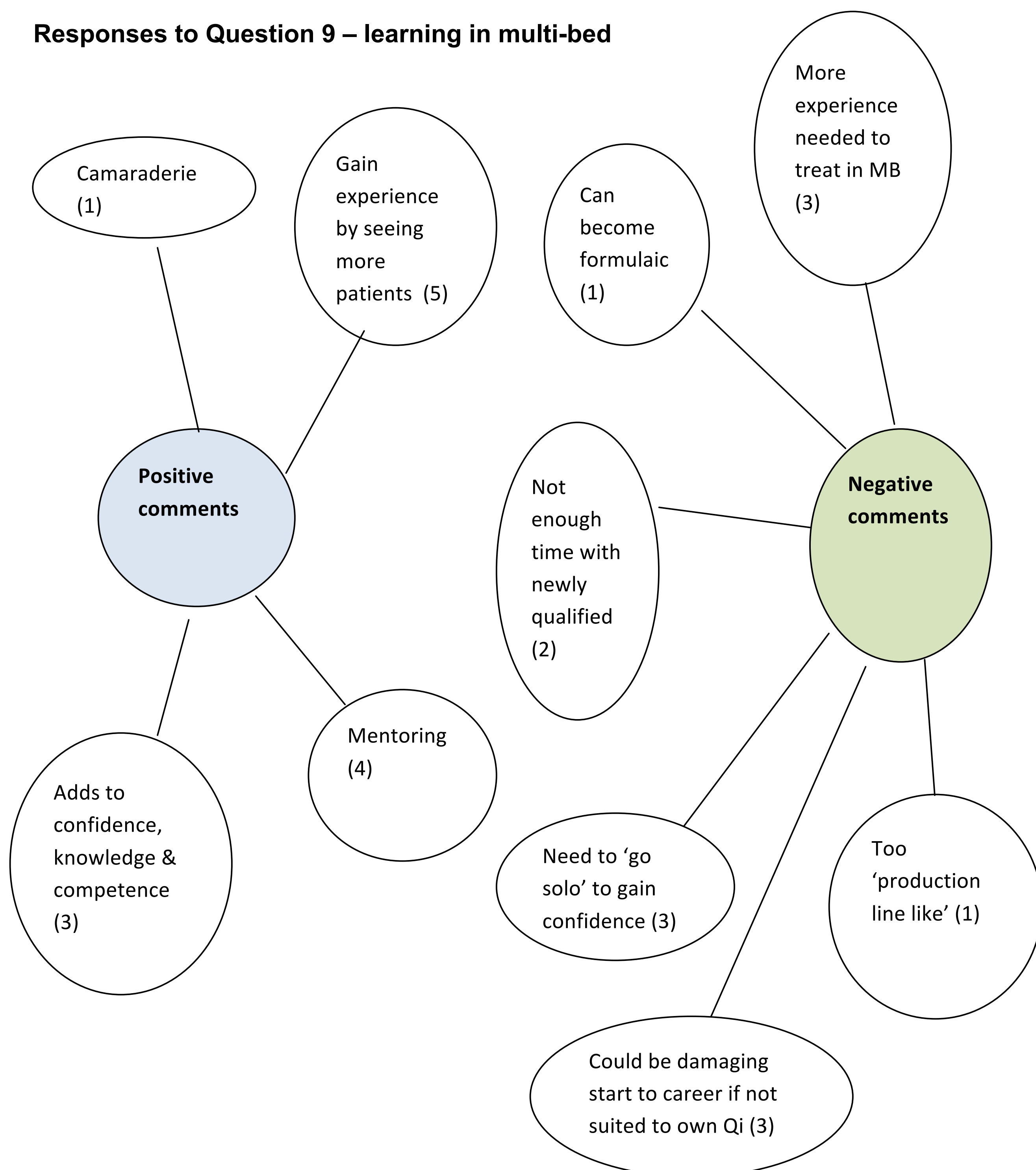
Comments from participants

The response to Q9 was particularly interesting when compared with the response to **Q6 as to whether multi-bed clinics are a good way of making acupuncture more widely accessible** to which 67% responded Yes.

There were only 5 comments made in respect of **Q6** and only one of those was clearly favourable ("I am very keen to set up a multibed"). The other comments referred to lack of knowledge 'have never been to, or used, a multi-bed' or were ambiguous 'a question of what people are used to'.

The comments in response of Q9 and Q10 have been arranged into themes. Thematic grouping of the comments enables patterns to be organised to see they common values (Dey, 1993).

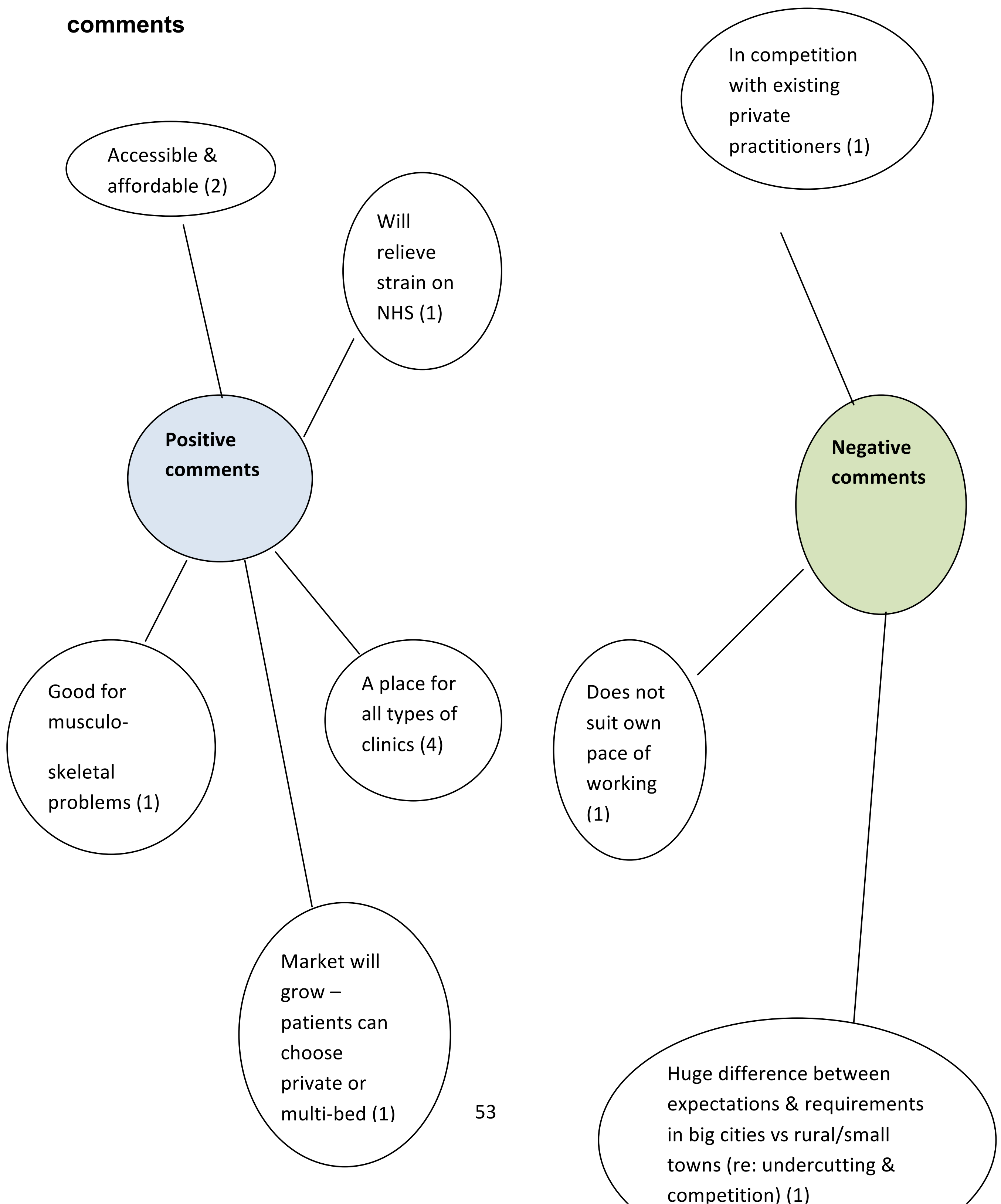
Responses to Question 9 – learning in multi-bed



These comments have been grouped with headings to reflect the themes that came up the most. The number in brackets relates to the number of comments on this topic. Not all the comments are reflected here, because some were indistinct, such as 'very probably'

Question 10 – statement that most reflects views of participant

Responses to Question 10 – Key words for views on multi-bed comments



Results when compared with Literature Review

The literature review highlighted the absence of information specifically dealing with acupuncturists views on multi-bed clinics. The results of this survey confirm that there is a distinct interest in multi-bed clinics, with the majority of participants being in favour of multi-beds.

Answers to research Question- ***What do UK practitioners think about multi-bed acupuncture clinics?***

- Multi-beds are seen as being a good way to make acupuncture more accessible (67%)
- 31% were interested in working in a multi-bed; a further 19% were unsure but wanted more information
- 80% thought that a multi-bed clinic was a good place for a newly qualified acupuncturists to learn and gain experience
- 32% thought a multi-bed was an excellent way of providing low price acupuncture; a further 20% would like to offer both private and multi-bed treatments
- 8% were concerned that multi-beds would undermine the acupuncture profession and undercut local acupuncturists.

There was little evidence of widespread hostility towards multi-bed clinics, although some exists, as evidenced by some of the negative comments in response to Question 10, such as: "*I would tick the last box and seek to undermine any low cost multi bed clinic by whatever means possible. At the end of the day we are in competition--get real*"

This indicates an attitude that a multi-bed clinic would take patients away from existing private clinicians. This view is perhaps understandable in a market where there are not enough patients to sustain a reasonable lifestyle. This raises the issue of whether some patients are attracted to private consultations and others to multi-bed or whether price is the only consideration. It also raises issues regarding town, city or rural locations, when the population available for acupuncture is less so that competition may be more of a factor.

Validity and Reliability

There is always a difficulty in ensuring validity and reliability in an online survey. It is likely that the majority of those responding may have already had an interest in multi-bed clinics. To open an email with the subject heading '*What do you think of multi-bed clinics'* may appeal most to those with a more positive interest in the topic.

Alwin et al (1987) suggest that the order of closed end questions in Surveys has an important impact on the choice of answers. The order and form of the questions in the survey in this study was likely to have had an effect on the answers. Any findings must be considered with this fact in mind.

How the Survey could have been improved

Many of the questions could have been changed to obtain more useful results. For instance, Q7 asked for the number of patients being treated simultaneously in separate rooms. The answers to this did not add any value to this survey, so it could have been omitted.

The ‘opinion’ statements included in Q10 were too similar to each other in many ways. For instance, the last 2 options, E & F, both referred to multi-bed clinics in a negative manner, one stating they would ‘*undermine .. the profession*’, the other stating that they might ‘*undercut … local acupuncturists’*. Similarly, options A & B both gave positive views of multi-bed clinics, but the answers were not different enough to merit a new category. The responses to Q10 could have been limited to only 5 responses, which may have made the questionnaire easier to complete and also provided clearer results.

Implications of Results for Acupuncture Theory and Practice

These results indicate that multi-bed clinics are of interest to a majority of practitioners, with many appreciate the benefits of accessibility and it being a good learning experience for newly qualified practitioners.

This study is a starting point for more research in this area, so that the attitudes of UK acupuncturists can be more fully documented. These attitudes are important at a time when the scope and function of the NHS is changing and multi-bed acupuncture clinics have been shown to be a good model to enabling a larger proportion of the population to obtain acupuncture treatments (Bevis et al, 2012, Asprey et al, 2012)

Personal Learning Reflection

This study made me very aware of the need to obtain clear information and to present the findings in an accessible format. I have learnt much from some of the errors and omissions made within this survey, such as the type of questions used. It is a good focus for learning as to how it could have been improved. It also makes me aware that no online questionnaire will ever be as reliable as

conducting a personal interview, although when face to face my own influence and bias would have to be closely monitored.

The responses received were different to those anticipated, with respondents being more in favour of multi-beds than I had expected. This is a lesson in learning to have no expectations when conducting such research. As a researcher it is always going to be difficult to come to a topic without having an opinion of the likely outcome, but it is important to aspire to this as a starting position.

The use of an online survey company made the practicalities of undertaking a survey remarkable easy. Likewise, transferring the results to charts and graphs using Excel software was much more straightforward than anticipated. This experience has made the possibility of doing further research into clinical topics attractive and achievable.

7. Conclusion

Research Objectives: Summary of Findings

The object of this study was to obtain a random sample of the views of some UK BAcC registered members towards multi-bed acupuncture clinics. The literature review showed that no extensive research had been carried out with the emphasis on the view of acupuncturists.

The Survey was able to obtain the view of 53 BAcC acupuncturists. The attitude of the participants was successfully obtained, establishing the fact that the majority of participants considered that multi-bed clinics were a good way of making acupuncture more widely accessible. Multi-bed clinics were considered to be a good place for newly qualified acupuncturists to gain experience and learn from experienced acupuncturists.

Implications for Future Research

This research has highlighted the need for more information about the attitudes of the acupuncture profession as a whole, including:

- More research to explore the realities of the possibilities of multi-bed clinics attached to GP's surgeries and whether these could be staffed by both NHS and non NHS acupuncturists would be useful.
- Further studies to collect the attitudes of all members of the UK acupuncture profession, whether or not medically trained or solely trained as acupuncturists.
- Information could be collected in relation to the geographic location of the participants and whether this had an impact on their attitudes.

- Research into attitudes of acupuncturists in respect of different types of multi-bed clinics would be useful, so that this factor can be explored further.

8. REFERENCE LIST

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10. GLOSSARY

The Acupuncturist - quarterly journal published by the British Acupuncture Council

BAcC – British Acupuncture Council, a not-for-profit memberships organisation representing and providing guidance to fully qualified professional acupuncturists in the UK

CICM – College of Integrated Chinese Medicine situated in Reading, UK

Community Acupuncture clinic - synonymous with multi-bed; an acupuncture clinic in which a practitioner is able to treat two or more patients in the same room at the same time

JCM – Journal of Chinese Medicine – acupuncture journal published quarterly in the UK

Multi-bed - synonymous with community acupuncture; an acupuncture clinic in which a practitioner is able to treat two or more patients in the same room at the same time

NHS – National Health Service: the publicly funded healthcare system in the UK

POCA – People’s Organisation of Multi-bed (a US organisation representing multi-bed)

Revolution’ is defined as ‘a dramatic and wide-reaching change in conditions, attitudes, or operation’ *(Oxford English Dictionary, 2010)*

WCA – Working Class Acupuncture – a group of multi-bed clinics founded by Lisa Rohleder & Skip Van Meter in Portland, Oregon,

Appendix A – Copy of Questionnaire used in Survey

Section 1 - Information about you & your practice

This information is for statistical analysis only and will be anonymised.

Q1

1. How long have you been an acupuncturist?

- ☐ Less than 5 years
- ☐ Between 6 to 10 years
- ☐ Between 11 to 15 years
- ☐ Between 16 to 20 years
- ☐ Between 21 and 25 years
- ☐ Between 26 and 30 years
- ☐ Over 31 years

Q2

2. Which category below includes your age?

- ○ 21-29
- ○ 30-39
- ○ 40-49
- ○ 50-59
- ○ 60-69
- ○ 70-79
- ○ 80 +

Q3

3. How many hours do you work as an acupuncturist in an average week?

- ☐ Less than 8 hours
- ☐ Between 9 hours and 16 hours
- ☐ Between 17 hours and 25 hours
- ☐ Between 26 hours and 34 hours
- ☐ Over 34 hours per week

Q4

4. How many patients do you treat in an average week?

- ☐ 5 or less
- ☐ 6 to 10
- ☐ 11 to 20
- ☐ 21 to 35
- ☐ 36 to 50
- ☐ 50+

Q5

5. Do you give reduced rates for some patients?

- ☐ Yes, on a regular basis
- ☐ Yes, but rarely
- ☐ No
- ☐ I work in a low cost multi-bed acupuncture clinic

Please feel free to add your own comments here: (all comments will be anonymous)

Your views on multi-bed/community acupuncture clinics

For the purpose of this survey a multi-bed or community acupuncture clinic is defined as one in which more than 2 patients are treated at the same time in the same room.

Q6

6. Do you think that multi-bed clinics are a good way of making acupuncture more widely accessible?

☐ Yes

☐ No

☐ Not sure

Any additional comments would be much appreciated

Q7

7. Do you currently treat patients in a multi-bed setting?

☐ I treat more than one patient simultaneously, but in separate rooms (if so please state the maximum number you can treat in the box below)

☐ Yes, at a multi-bed clinic only

☐ No, I give individual treatments only

☐ A mixed of individual treatments and multi-bed treatments

If you treat several patients simultaneously in separate rooms, please state the maximum number of patients you can treat at one time

Q8

8. Would you be interested in working in a multi-bed clinic, if one was near to you?

☐ Yes

☐ No

☐ I already work in a multi-bed clinic

☐ Not sure, but I would be interested in finding out more about multi-beds

Please give your reasons

Q9

9. Do you feel that a multi-bed clinic is a good place for newly qualified acupuncturists to learn and gain experience (when working alongside experienced acupuncturists) ?

☐ Yes ☐ No

Please give your reasons

Q10

10. Please tick ONE response below which you feel MOST reflects your views:

○ Multi-bed clinics are an excellent way of providing low price acupuncture

○ I would like to offer multi-bed treatments in addition to individual treatments, because I can see the benefits of both

○ I have never seen a multi-bed clinic, but would be open to find out more

○ I am not comfortable with multi-bed clinics, because it does not allow for privacy and it inhibits rapport with patients; it does not suit my style of acupuncture.

○ Low cost multi-bed clinics will undermine the UK acupuncture profession; it is important that a professional level of fee is charged so that acupuncturists can make a living

○ I am concerned that multi-bed clinics will undercut local acupuncturists and take patients away from them.

Please feel free to add your own comments here: all comments will be anonymous

Appendix B - Responses to Questionnaire – in chronological order (un-sorted)

Numbers refer to the lowest number in category, e.g. 16 = 16/20 years
NS = Not sure
R = Rarely
MB = Multi-bed
N(2) = not currently working in MB; number in brackets indicates patients treated simultaneously in separate rooms

Resp	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
1	16	40	26	11	R	Y	N	NS	Y	A
2	16	60	9	11	R	Y	N	N	Y	D
3	6	40	-	21	R	Y	N	Y	Y	A
4	11	40	34	50	Y	Y	N (3)	N	Y	B
5	16	50	17	21	R	Y	N	Y	N	B
6	6	30	26	36	N	N	N (2)	N	Y	E
7	11	50	-	21	Y	Y	N	Y	Y	B
8	11	50	26	11	Y	Y	N	Y	Y	B
9	11	40	17	11	Y	Y	N	N	N	D
10	21	50	34	21	R	N	N(2)	N	N	E
11	11	50	17	36	Y	Y	Y	-	N	A
12	6	50	9	11	R	Y	N	Y	Y	B
13	21	60	17	21	R	N	N	N	N	D
14	16	50	26	21	Y	NS	N	N	Y	D
15	11	40	17	11	R	NS	N	NS	Y	B
16	21	50	17	11	Y	Y	N	Y	Y	B
17	11	40	17	21	R	Y	N	N	Y	D
18	11	40	9	6	Y	Y	N	Y	N	A
19	11	40	26	21	Y	NS	N	NS	Y	D
20	6	40	8	6	Y	Y	N	N	Y	D
21	5	60	34	21	R	Y	Y	-	Y	B
22	5	40	17	21	Y	Y	Y	-	Y	A
23	5	50	-	11	R	Y	N(1)	Y	Y	A
24	6	40	9	6	Y	Y	N	Y	Y	B
25	11	50	8	5	Y	NS	N	N	Y	D
26	6	40	17	11	Y	Y	N	Y	N	A
27	5	40	17	11	R	Y	N	Y	Y	F
28	5	30	17	11	R	Y	N	N	Y	D
29	30	60	9	11	R	NS	N	N	-	-
30	6	40	34	21	Y	NS	N	N	N	D
31	6	60	34	36	MB	Y	MIX	MB	Y	A
32	6	40	9	6	Y	Y	N	NS	Y	A
33	5	50	8	5	N/S	Y	N	Y	Y	A
34	26	50	34	11	N	NS	N	N	Y	D
35	5	30	9	11	Y	N	N	N	N	D

36	16	50	9	11	N	-	-	-	-	-
37	31	50	9	11	Y	Y	Y	MB	Y	A
38	5	40	26	21	MB	Y	MIX	MB	Y	A
39	5	60	34	11	N	NS	N	NS	Y	C
40	11	60	9	11	Y	Y	N	N	Y	NS
41	6	40	26	21	Y	Y	N	NS	Y	D
42	5	50	8	5	Y	Y	N	Y	Y	A
43	5	50	9	11	N	NS	N	NS	Y	C
44	5	50	9	5	Y	NS	N	Y	Y	C
45	6	60	9	6	Y	NS	N	N	Y	D
46	11	40	9	11	N	NS	N	N	N	D
47	16	60	9	11	Y	Y	N	N	Y	D
48	31	60	9	6	Y	Y	N(4)	Y	Y	A
49	6	30	8	6	R	Y	N	Y	Y	B
50	5	50	9	6	Y	Y	N	N	Y	A
51	5	40	9	5	Y	Y	N	Y	Y	B
52	6	30	9	11	Y	Y	N(2)	NS	Y	A
53	11	50	17	11	Y	N	N(1)	NS	Y	E