



ASSOCIATION OF  
COMMUNITY AND MULTIBED  
ACUPUNCTURE CLINICS

# ACMAC 2010 Survey Report

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A review of UK multibed acupuncture clinics

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**Abstract:** An on-line survey was sent to ACMAC's 53 member clinics in May 2011, requesting data on all aspects of clinic operations during 2010. 55% of clinics participated. The survey revealed that clinics vary widely in size and income, and those clinics generating most income are large and have been established several years. Clinics use simple legal structures; some open in the evening but very few open at weekends; word of mouth and websites generate most referrals. Arguably, clinic assets, ie couches/chairs, could be more efficiently used, leading to greater income compared with initial investment.

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## Introduction

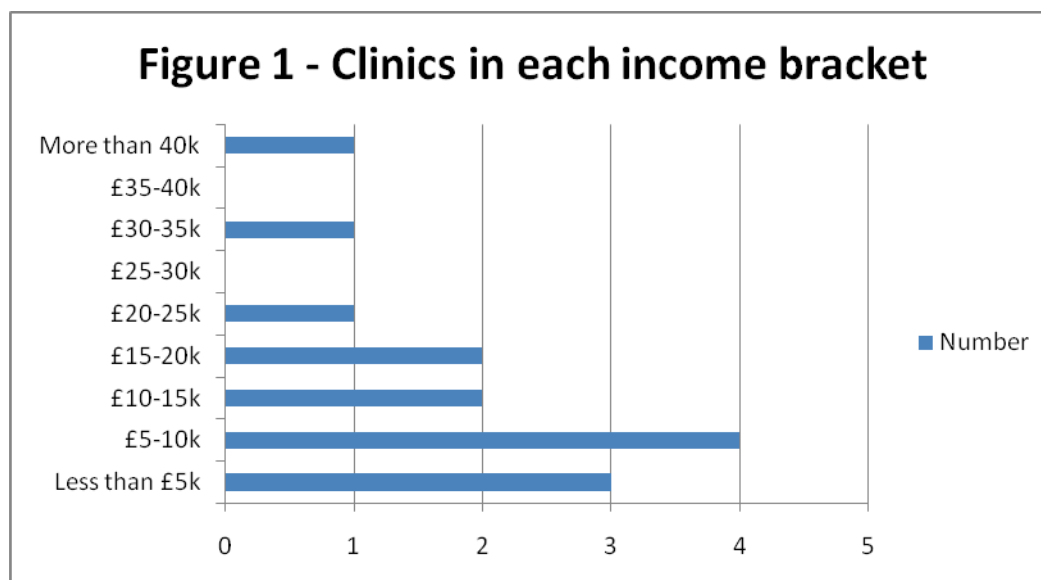
ACMAC was formed in 2007 and, at the time of completing this survey in May 2011, there were 53 members.

This survey is the first to be conducted for the membership. It covers the business activity for the period January to December 2010. The plan is to conduct this survey on an annual basis so that emerging trends and changes can be identified.

Twenty nine (55%) of the ACMAC clinics participated in the survey, of which 8 (15%) were formed in 2011 and thus were unable to complete the survey with data for 2010. Therefore, 21 (40%) of the members completed all or part of the survey. Although there are some overseas ACMAC members, UK members only responded to this survey.

## Results analysis: 2010 Clinic Income

The survey asked for the overall income for a clinic's treatments that were completed during 2010. It is important to note that this is not the annual income for an individual practitioner. Fourteen clinics completed this question and the profile is shown in Figure 1:



For the purposes of analysis, these respondents will be divided into 3 groups:

- Higher income – more than £30,000 per annum
- Middle income- between £10,000 and £30,000 per annum
- Lower income – below £10,000 per annum

## Higher Income Clinics Summary

For the 2 higher income clinics earning more than £30,000 in 2010:

- Both opened before 2006
- Both operate as a partnership of practitioners
- One clinic operates for 4 days each week (between 36 and 40 hours per week) and the other for 3 days each week (between 21 and 25 hours per week)
- Both offer evening appointments but not at weekends
- One clinic has 8 couches in one room measuring about 200 square; the other has 3 treatment rooms with 6 couches and 2 chairs
- Both clinics worked 49 or 50 weeks during the year
- One of the clinics has a full-time receptionist but neither has an office manager
- One has 5 practitioners working full-time and the other has 4 practitioners: 2 full-time and 2 part-time
- Both are in urban settings and share their premises with other complementary therapists
- One clinic performed 3700 treatments and the other 4000
- One clinic had an initial consultation fee of £35, with follow-up treatments priced at £15. The other clinic charged an average initial fee of £38 and then £19 for follow-up appointment.

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## Middle Income Clinics Summary

Of the 5 middle income clinics earning between £10,000 and £30,000 during 2010:

- One opened in 2007, one in 2008 and 3 in 2009
- Three operate as a sole trader and 2 as a partnership of practitioners
- Three clinics operate for 2 days each week (2 for less than 10 hours and one between 11 and 15 per week) and the other 2 for 3 days each week (one between 11 and 15, and the other between 31 and 35 hours per week)
- Four offer evening appointments and one at weekends
- Three clinics operate out of a single room, 2 with 2 couches and one with 6. One clinic has access to 4 treatment rooms each with a single couch. The final clinic has 2 treatment rooms with 6 couches.
- All clinics worked between 46 and 52 weeks during the year
- Three clinics have a receptionist, and one of these has an office manager
- Two of the clinics have 4 practitioners, 1 with 2 practitioners and the other a single practitioner. All work part-time
- Three are in urban and one in a suburban setting, all sharing their premises with other complementary therapists. One operates from private premises in an office complex
- Treatment numbers range between 663 and 1463, with an average of 966 for the year
- The average initial consultation fee was £27 with follow-up treatments at £18.50. Two clinics operated a sliding scale arrangement

## Lower Income Clinics Summary

Of the 7 lower income clinics earning less than £10,000 during 2010:

- One opened in 2006, one in 2007, 3 in 2009 and 2 in 2010
- Six operated as sole traders and one as a partnership of practitioners
- Two clinics operate for 2 days each week (between 11 and 15 hours per week) and the other 5 clinics for only 1 day each week (less than 10 hours per week)
- Three clinics offer evening appointments and none work at weekends
- The clinics had between one and 4 couches in between 1 and 4 treatment rooms. 3 clinics also used chairs. Two clinics didn't provide size details, 2 were about 25 square metres, 2 about 50 square metres and one with 4 treatment rooms was about 500 square metres
- Two of the clinics started in 2010 so they didn't complete a full year of business. One clinic only worked 30 weeks whilst the remainder worked between 48 and 52 weeks of the year.
- Only one clinic has a full-time receptionist and a full-time office manager
- Four clinics operate with a single practitioner, and 2 with 2 practitioners
- Five clinics are urban, and 2 are suburban
- These 7 clinics performed 2600 treatments, averaging 370 per clinic
- Three clinics operate on a sliding fee scale between £20-£40, with concessions at £15; 3 operate at £15 per treatment; and one charges £40 for initial consultation and then £20 for ongoing sessions

## Results Analysis: Clinic Operations

The survey invited clinics to provide a range of operational data. The following Figures and commentary illustrate the responses for some of the data items. The charts include no data for the clinics that opened in 2011.

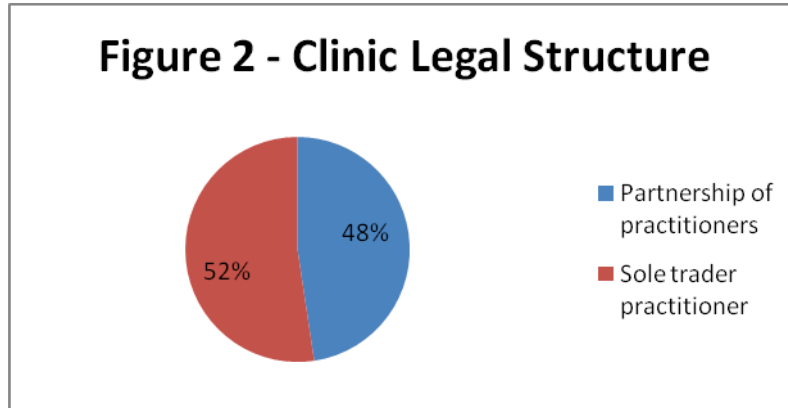


Figure 2 illustrates that only 2 legal structures are currently used in the UK multibed clinics. Other structures, such as cooperatives, social enterprise or not-for-profit, were not identified in this survey.

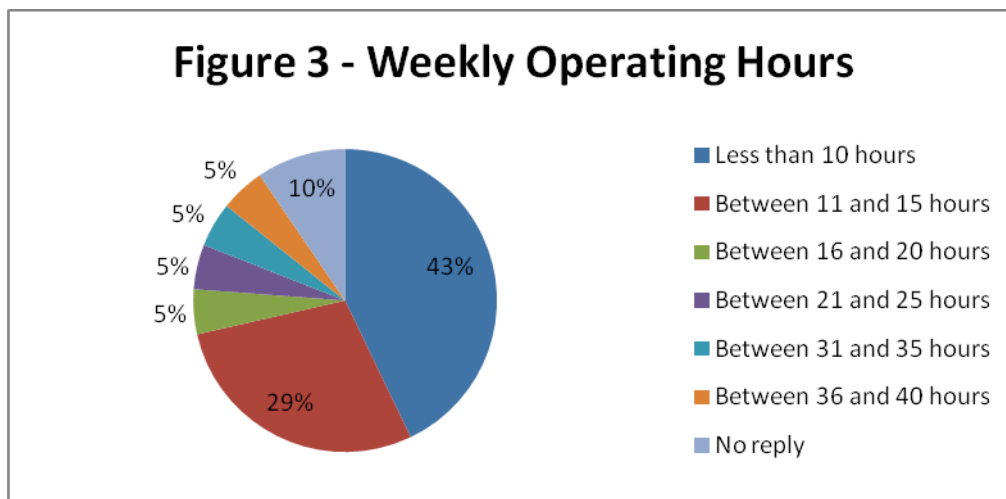


Figure 3 shows that nearly three quarters of the surveyed clinics operate for less than 15 hours each week.

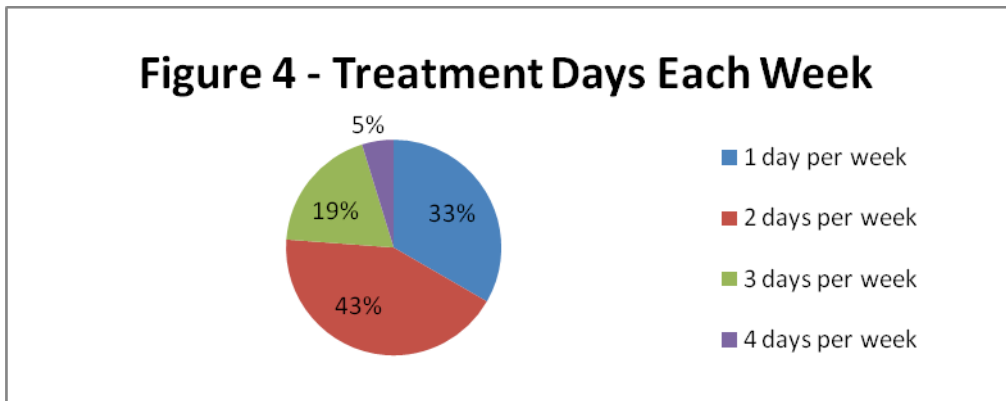
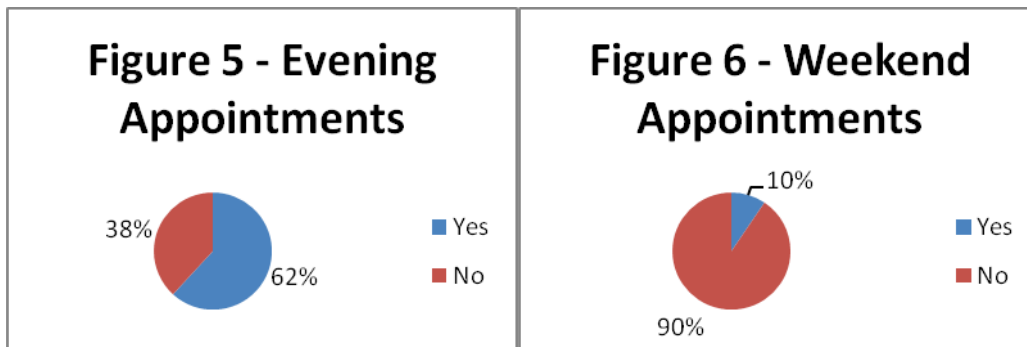
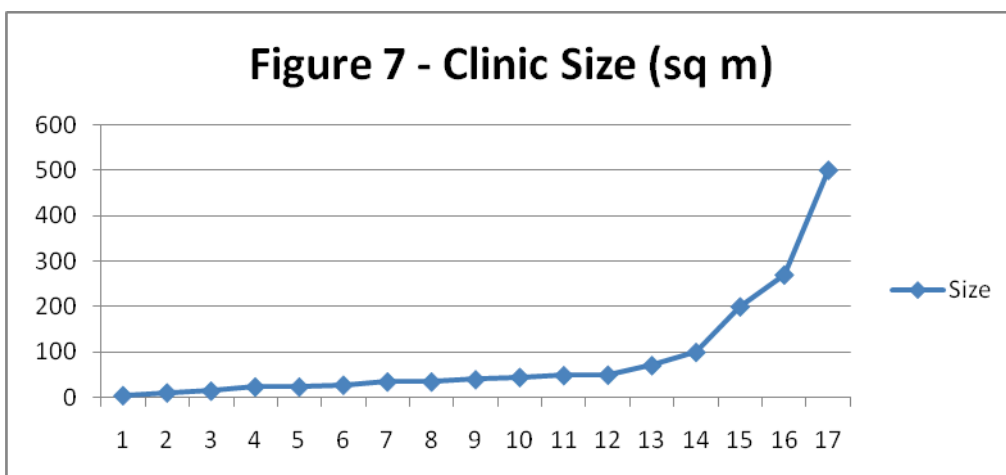


Figure 4 is the weekly operating profiles for the clinics and we can see that 76% of the clinics operate for 2 or less days each week, which is broadly in line with the number of weekly operating hours in Figure 2.



Whilst the number of clinics that offered evening appointments in Figure 5 was an encouraging 62%, the significantly lower 10% number for weekend appointments in Figure 6 is noteworthy.



Of the 17 clinics that completed this survey question, Figure 7 illustrates that 14 were in premises of 100 square metres or less, with only 3 in larger facilities.

## Figure 8 - Treatment Rooms Available



Twenty clinics completed this question and Figure 8 illustrates that only 10 operate in a single room multibed environment.

## Figure 9 - Number of Couches and Chairs

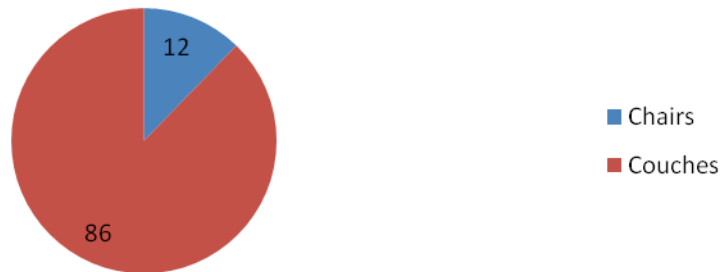
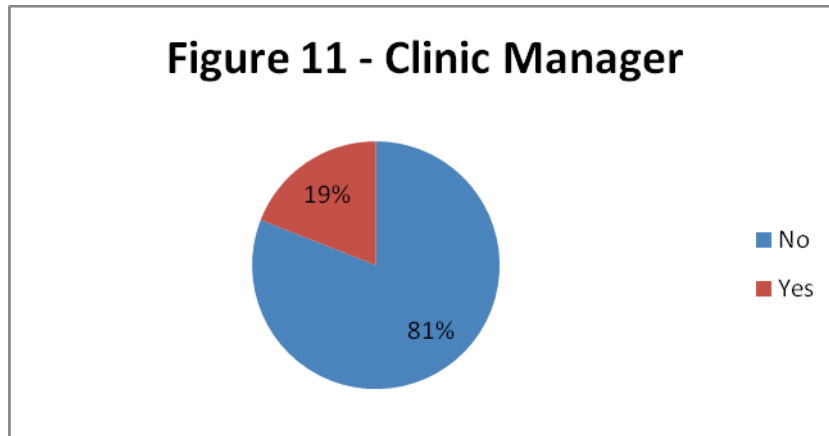


Figure 9 shows that whilst couches are the most dominant treatment facility, 6 of the 21 clinics that completed this question also use chairs.

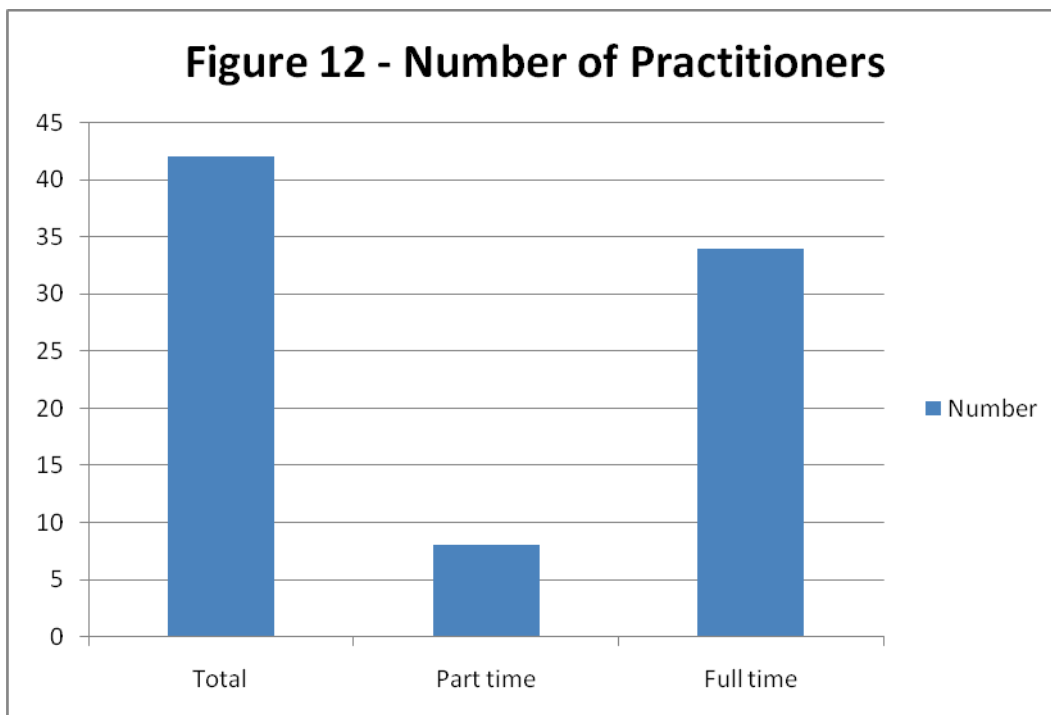
## Figure 10 - Clinic Receptionist



When asked if their clinic had a receptionist, 2 of the 8 clinics that said 'Yes' have the benefit of a receptionist because they operate in a larger facility where other practitioners also work. Six of the receptionists work Full Time.



Only 4 clinics that completed this question employ or have the services of a clinic manager. One works Full Time, the other 3 Part Time of which one also undertakes marketing activities.



As shown in Figure 12, 81% of the practitioners included within the survey operate on a Full Time basis in their clinics, but this needs to be viewed together with the hourly and weekly operating profiles in Figures 3 and 4 above which indicate that three quarters of the clinic only operate for 2 days or less each week.



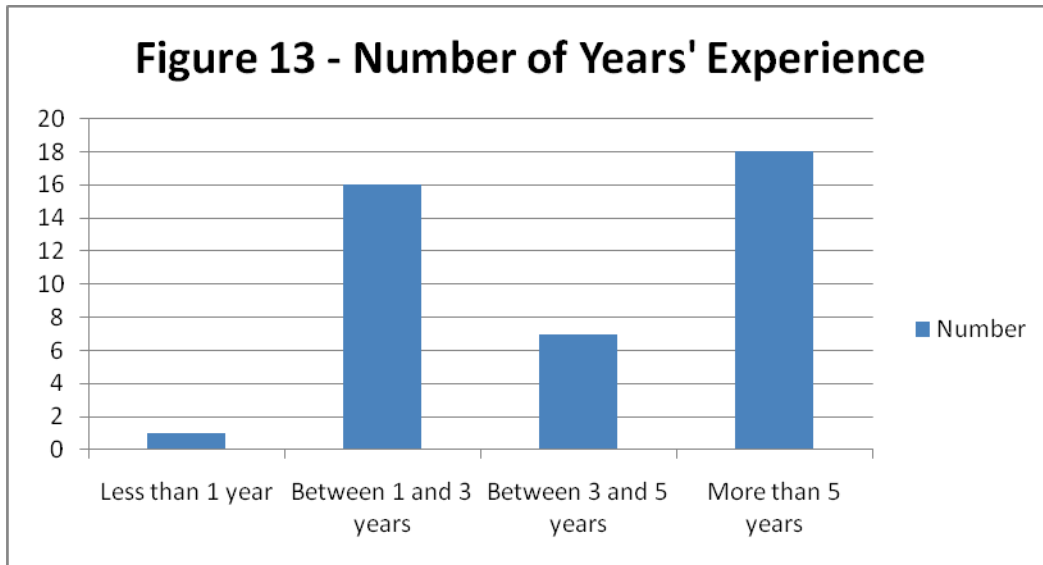
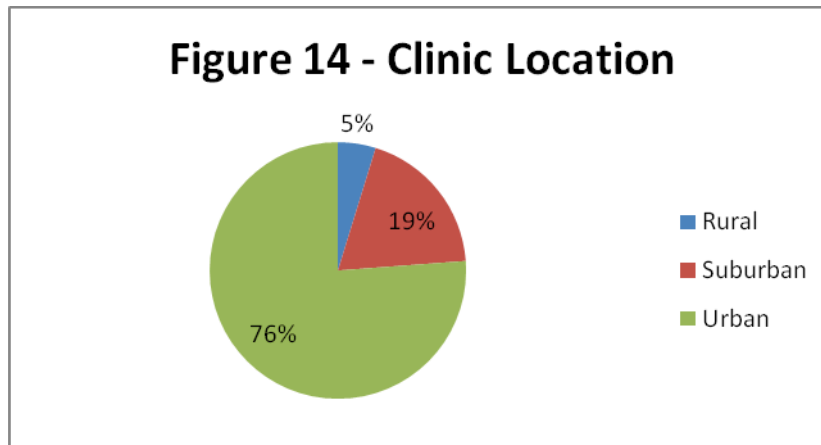


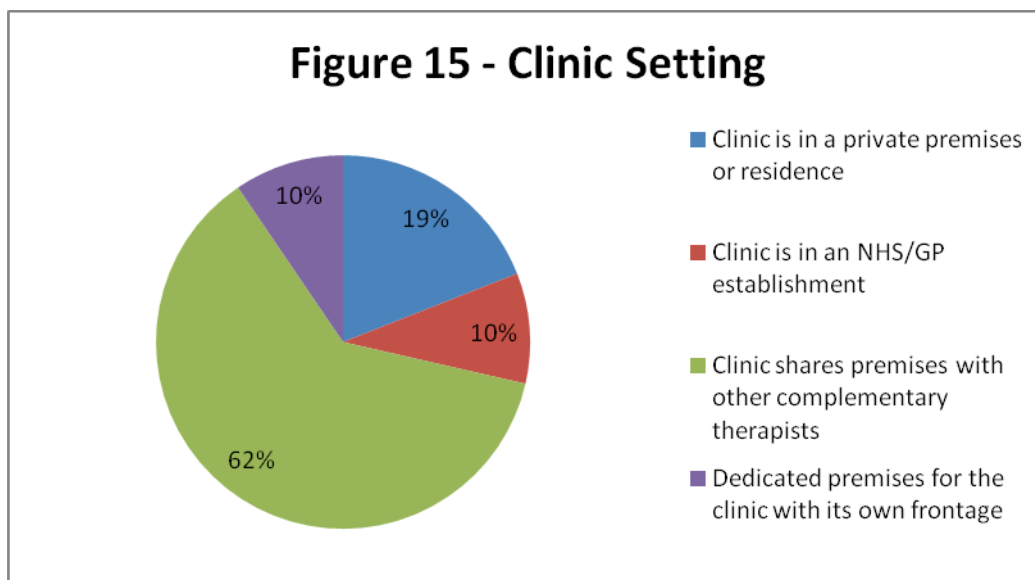
Figure 13 illustrates that the 60% of the practitioners have more than 3 years' experience.

## Results Analysis: Marketing

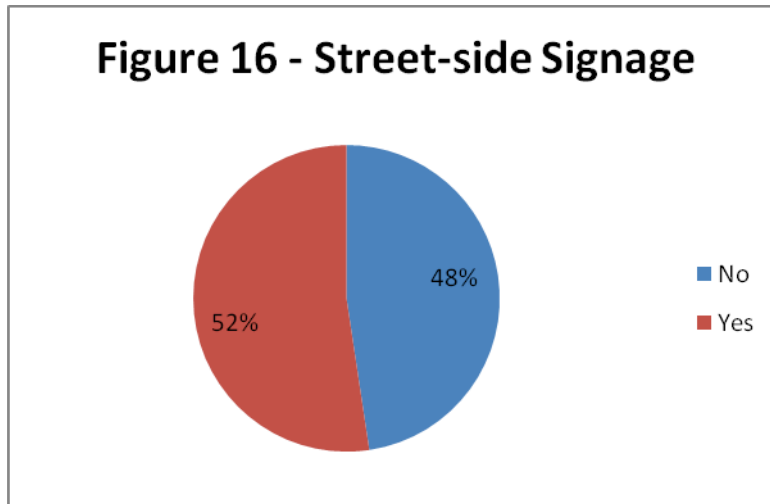
The survey participants were then invited to complete a number of questions about the marketing perspective of their business. These results are shown in the following Figures.



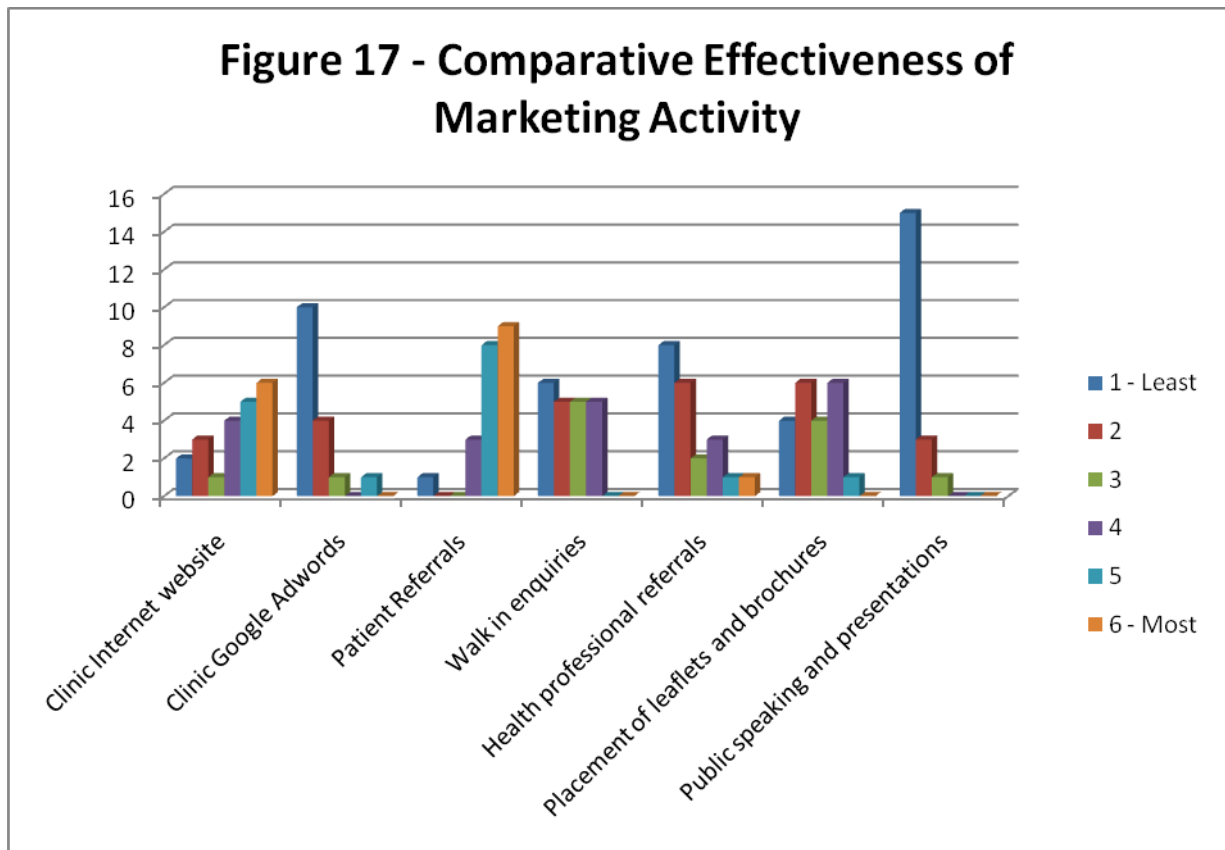
Twenty one clinics completed this question and 16 operate in an urban environment.



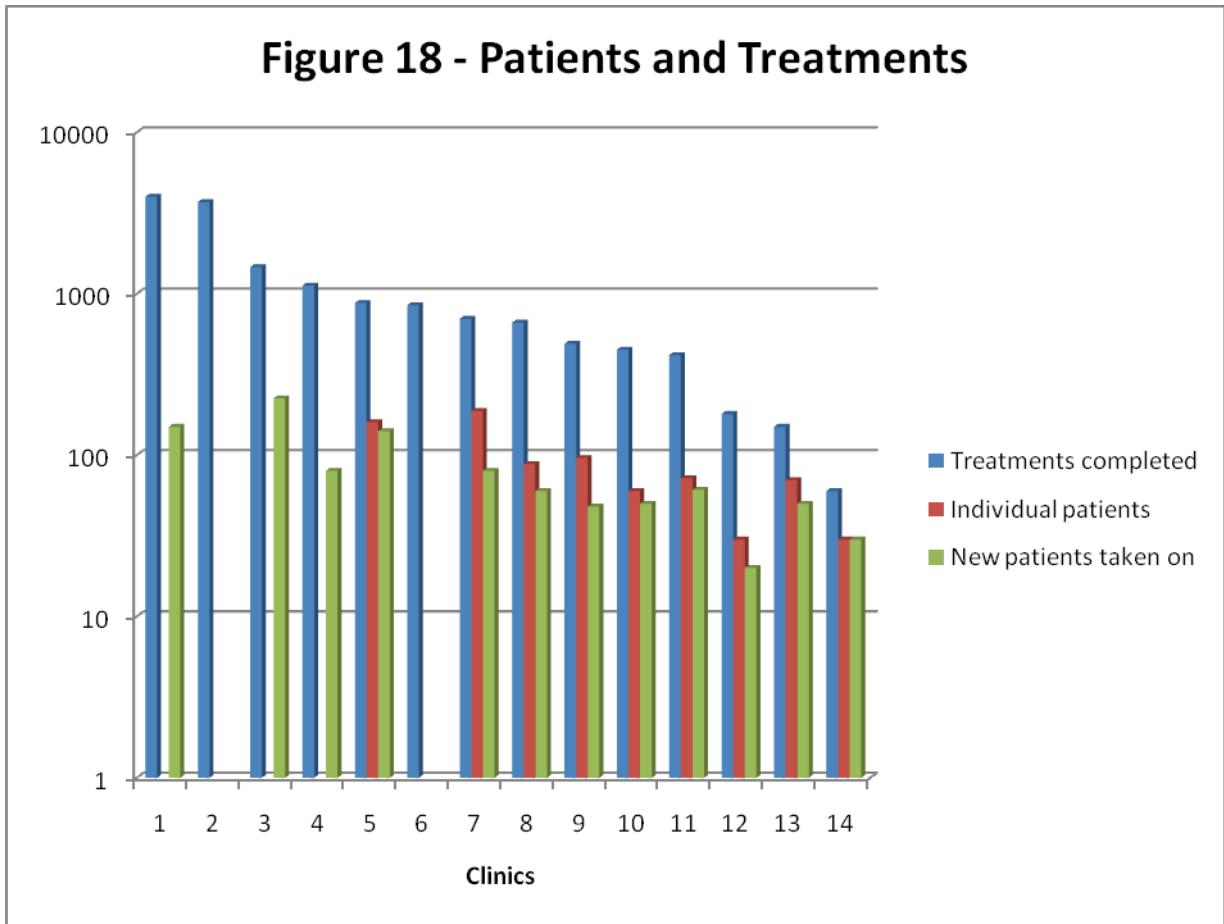
Thirteen of the 21 clinics that completed this question operate in premises that are shared with other complementary therapists.



Again, 21 clinics completed this question and the use of street-side signage is fairly evenly split.



Twenty one clinics completed this series of questions about the comparative benefits of different marketing activities. Five clinics didn't respond to the Google Adwords question, perhaps because they don't use that service, and two didn't respond to the public speaking question.



The first thing to note with Figure 18 is that a logarithmic scale is used on the left axis!

Nine clinics completed between 100 and 1000 treatments during 2010. Four clinics completed more than 1000 treatments with 2 of these at 3700 and 4000 respectively. The clinic with 60 treatments was only open for 12 weeks during 2010.

The gaps in the data captured in the survey may be because some clinics don't capture such information.

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## Operational Analysis

There are costs involved with setting up and operating a multibed clinic. In business terms, one may be interested in assessing the utilisation of the assets that are acquired to operate the clinic.

From the data provided by 14 clinics in the survey, Table 1 seeks to illustrate the utilisation of treatment couches and chairs over the year.

|         | Couches/Chairs | Weeks | Days | Treatments | Practitioners | Income | Treatments per Couch/Chairs | Treatments per Week | Treatments per Day per Week | Treatments per Couch/Chair per Week | Treatments per Couch/Chair per Day per Week |
|---------|----------------|-------|------|------------|---------------|--------|-----------------------------|---------------------|-----------------------------|-------------------------------------|---|
|         | 8              | 49    | 4    | 4000       | 4             | H      | 500.0                       | 81.6                | 20.4                        | 10.2                                | 2.6   |
|         | 8              | 50    | 3    | 3700       | 5             | H      | 462.5                       | 74.0                | 24.7                        | 9.3                                 | 3.1   |
|         | 6              | 52    | 3    | 1463       | 4             | M      | 243.8                       | 28.1                | 9.4                         | 4.7                                 | 1.6   |
|         | 4              | 52    | 2    | 1125       | 2             | M      | 281.3                       | 21.6                | 10.8                        | 5.4                                 | 2.7   |
|         | 6              | 50    | 2    | 879        | 4             | M      | 146.5                       | 17.6                | 8.8                         | 2.9                                 | 1.5   |
|         | 2              | 48    | 3    | 700        | 1             | M      | 350.0                       | 14.6                | 4.9                         | 7.3                                 | 2.4   |
|         | 2              | 46    | 2    | 663        | 1             | M      | 331.5                       | 14.4                | 7.2                         | 7.2                                 | 3.6   |
|         | 4              | 45    | 2    | 850        | 1             | L      | 212.5                       | 18.9                | 9.4                         | 4.7                                 | 2.4   |
|         | 6              | 44    | 1    | 490        | 1             | L      | 81.7                        | 11.1                | 11.1                        | 1.9                                 | 1.9   |
|         | 4              | 45    | 1    | 450        | 2             | L      | 112.5                       | 10.0                | 10.0                        | 2.5                                 | 2.5   |
|         | 4              | 48    | 2    | 417        | 2             | L      | 104.3                       | 8.7                 | 4.3                         | 2.2                                 | 1.1   |
|         | 2              | 40    | 1    | 180        | 2             | L      | 90.0                        | 4.5                 | 4.5                         | 2.3                                 | 2.3   |
|         | 4              | 30    | 1    | 150        | 1             | L      | 37.5                        | 5.0                 | 5.0                         | 1.3                                 | 1.3   |
|         | 4              | 12    | 1    | 60         | 1             | L      | 15.0                        | 5.0                 | 5.0                         | 1.3                                 | 1.3   |
| Sum     | 98             |       |      | 15127      | 31            |        |                             |                     |                             |                                     |   |
| Average |                | 44    | 2.0  |            |               |        | 212.1                       | 22.5                | 9.7                         | 4.5                                 | 2.1   |

**Table 1 – Couch Utilisation**

The first column shows the combined total of treatment couches and chairs in each clinic. The next 4 columns show the number of weeks each clinic was open during 2010, how many days the clinic operated each year, how many treatments were completed and on average how many practitioners worked in the clinic each day.

The clinics have been ranked by their annual income and then the number of treatments they completed.

The next 3 columns show how many treatments were completed on average:

- for each couch/chair across the year
- for each week of the year that the clinic was open
- for each day of the week that the clinic was open.

The final 2 columns show the average utilisation of each couch/chair for treatments each week and each day of the week that the individual clinic was open.

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## So What?

It may be too presumptive to draw firm conclusions from this first survey, with its limitations in terms of the participating numbers of clinics and the completeness of the data.

However, a number of observations may be helpful for practitioners working in existing multibed clinics looking to make improvements to their set-up and for those practitioners considering this style of treatment in the future for their patients:

- Only 2 legal structures were recorded in the survey. It will be interesting to see if other clinics with different legal structures do indeed exist and join the ACMAC community; or perhaps clinics with different legal structures are part of the ACMAC community and didn't complete the survey. Other structures may include cooperatives, Community Interest Companies, social enterprise and not-for-profit operating models. In the current political climate these may be attractive models for those considering working with GPs and the NHS.
- Whilst some clinics offer evening and weekend appointments, would increasing the availability of these options make the clinics more attractive for their patients? Being able to make an appointment at the convenience of the patient is a criticism frequently levelled at GP surgeries – do our traditional acupuncture clinics suffer from the same issue?
- There is research that describes the therapeutic benefit of treating patients in a single room multibed clinic environment. Several survey respondents indicated that their clinic uses more than one room. It is not clear if this may, in some cases, mean that all patients receive acupuncture together, with initial interviews conducted in a second room; or in other cases it may be that the 'multibed' model is being altered such that one practitioner treats several patients, but with each patient in a separate room. If more ACMAC clinics utilised a larger single room facility, rather than using more than one individual treatment room, would that improve the patient experience and outcomes?
- Would the use of more chairs, rather than couches, in multibed clinics result in significant changes for patients and practitioners, for better or worse? Many pictures of US community acupuncture clinics show the use of chairs rather than couches. Is this worth considering in the UK for existing and new clinics?
- A perception has been expressed that 'multibed clinics are just for new graduates'. The survey suggests that the clinics are in fact being run by more experienced practitioners. Does this suggest that the opportunity exists for more experienced practitioners to start working together in multibed clinics, to help achieve more presence for traditional acupuncture in our communities?
- Patient referrals have always been regarded as the most successful source of new patients. The website now appears to be increasing in its value in the marketing mix. Contrary to some beliefs, public speaking and presentations do not appear to create value. The cost of using Google Adwords may be a factor in the low perception for that advertising channel.
- The survey data doesn't enable one to identify this pattern, but it may be that there is a typical 'S' curve for a clinic's development and maturity, whereby it takes perhaps one or 2 years of established operations before it could be said that the business is viable. Clearly the larger clinics have been around longer and thus treat more patients each year. What is the optimum growth strategy for a traditional acupuncture multibed clinic in terms of using more couches/chairs and moving on to larger premises?
- Finally, do the practitioners who supplied the survey data consider the utilisation of their couches on a daily, weekly and annual basis to be adequate? What would be a more appropriate average couch/chair utilisation? Do clinics need support with marketing etc, to maximise their potential?