

A Survey of Acupuncturists' Fees Across the UK

Research Dissertation, Research & Reflective Practice Level 6

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20 November 2010

Word Count: 7,577

Page Count: 48 (including cover page)

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Abstract:

This dissertation aims to provide some insight into the variation of acupuncturists' fees across the UK.

Survey data has been used alongside pricing information published on the internet and has been compared with information on UK house prices (BBC, 2010) to assess the relative cost of treatment in different parts of the UK. Data regarding a variety of factors that might affect fees has also been gathered.

Whilst the data gathered has enabled some conclusions to be made, the research process has highlighted an omission from the survey of questions regarding concessions, which might have affected some of the results. Examination of the results has also revealed that none of the UK's more affordable multi-bed acupuncture clinics were represented in the survey sample.

In some of the wealthiest areas of the UK the mean cost of a follow-up treatment from the survey sample was £63, compared to £34 in some of the poorest areas of the UK and £37 in areas where house prices are close to the national average.

Comparing these results with house prices suggests that the cost of acupuncture treatment in the poorer areas of the UK is relatively high.

Comparing the results with previous research on acupuncturists' fees in the UK indicates that the cost of acupuncture treatment is increasing at a higher rate than inflation.

Introduction:

Description and discussion of research topic and current state of knowledge:

This research project investigates how the fees that acupuncturists charge for treatment vary across the UK. In an absolute sense this can be considered simply in terms of how much acupuncturists in different areas of the UK charge for the treatments they offer. However this investigation researches this further in order to understand it in a relative sense as well, taking into account other factors such as the cost of living, the practitioners' level of experience, the practitioners' overheads, the duration of treatment sessions, and the number of patients being treated at any one time. The factors that influence acupuncturists in determining their fees will also be investigated.

There is limited previous research in this area. The closest research done was a survey of complementary practitioners' fees published over 10 years ago (White et al, 1998), which also looked at complementary practitioners' practices and their attitudes towards working within the NHS. This survey investigated complementary practitioners in general, not just acupuncturists, although acupuncturists were included. It covered three regions of the UK, and it was found that the cost of a first appointment ranged from £20 to £39 (with duration ranging from 30 to 90 minutes). Those practitioners interested in working within the NHS were prepared to do so for a minimum acceptable fee ranging from £20/hour to

£60/hour.

This survey (White et al, 1998) gives a broad summary of complementary practitioners' fees, but does not provide a detailed demographic analysis of fees across the UK, and does not investigate acupuncturists' fees in particular.

Another article (Ernst, 2000) includes details of a survey of complementary practitioners' fees in South West London conducted in 1995, which found the average fees charged by acupuncturists there to be £35 for a first visit and £20 for follow-up visits. No further information is provided.

Beyond this, the cost of acupuncture treatment is mentioned loosely in a number of texts and research articles, where an estimated average fee is stated without supporting evidence. For example, a study by Friedman and Richardson (2009) relating to a clinic in the Bedfordshire/Hertfordshire area states that “the standard private fee for patients outside the practice is £40 per treatment”.

A related area of research that considers acupuncturists' fees is the cost-effectiveness of acupuncture treatment in particular and complementary treatment in general. Again though these studies do not require much more than a general average fee for their purposes; they generally do not go into any further detail about the variation of fees. For example, in a study on the cost-effectiveness of treating chronic headaches with acupuncture Wonderling et al (2004) establish from their sample the mean cost of a private acupuncture treatment as £28.38. Another study (Ratcliffe et al, 2006), examining the cost-effectiveness of

acupuncture treatment for chronic lower back pain, investigating three private acupuncture clinics in York, specifies the cost of a private acupuncture treatment as £24.

These studies generally compare acupuncture treatment with standard interventions offered by the NHS, and so the cost of acupuncture treatment is considered in terms of what it would cost the NHS in comparison to NHS treatments such as GP consultations, physiotherapy, and possible hospital care.

The NHS provides details of GP earnings and expenses across the UK in an annual report, but only looks at regional variations on the basis of country – i.e. England, Scotland, Wales, and Northern Ireland. The 2008/2009 report reveals the following differences in average income for contractor GPs in each country of the UK, with average income before tax at (NHS, 2010):

- £109,600 in England
- £86,500 in Scotland
- £90,700 in Wales
- £89,700 in Northern Ireland

One implication of this is that there are more detailed regional differences in GP salaries across the UK, within individual countries.

A survey is conducted annually by AISMA ('The Association of Independent Specialist Medical Accountants') which reveals more detailed variations in the income of GPs across the UK subject to the location of their practices. AISMA

represents over 10% of all GPs nationwide. Unfortunately though the results of this survey are now strictly confidential, only available to AISMA members. Some details of past surveys conducted by AISMA were published in some news publications at the time however (with some controversy), and indicate some of the more detailed regional variations in GP income. For example, the 2003 AISMA survey revealed that family doctors in the West Midlands, Oxfordshire, Anglia, the North East and Yorkshire earned an average of well over £90,000, whereas those in the North West and South West of England earned less than the 2003 national average of £86,896 (Country Doctor, 2004). A spokesperson for AISMA explained that one reason for these differences was that “GPs are paid according to the number of patients they care for and in areas of low population, such as rural Wales and Scotland, the patient lists are much smaller, whereas travel expenses are much higher” (Country Doctor, 2004).

Significance and rationale for research dissertation:

This research dissertation will be of interest to acupuncturists and prospective acupuncturists in considering where to live and work, as it will highlight the relative income potential in different parts of the UK. It will also provide a good basis for further research, such as comparing the cost of acupuncture treatment to the cost of other complementary therapy treatments, comparing the cost of acupuncture treatment in the UK with that in other countries, and investigating to

what extent the British public consider acupuncture to be affordable. In addition it may serve as a basis for more detailed research into the cost-effectiveness of acupuncture treatment in the UK.

Research question:

How do acupuncturists' fees vary across the UK?

Method:

For the purposes of gathering information about how much acupuncturists charge for treatment in various parts of the UK, the research design that was chosen for this dissertation was a survey. Given that the main aim of the research was to obtain some representative average figures relating to the cost of acupuncture treatment, a significant sample size was required; a smaller sample relying on interviews or case studies for example would not be sufficiently representative. For this reason, the survey method was chosen.

In order to gather a broad range of data representative of private acupuncture practice in the UK, acupuncturists' contact details were obtained from the member register of the British Acupuncture Council. There are evidently a number of acupuncturists in private practice in the UK who are not registered with the British Acupuncture Council; some are registered with other professional bodies (such as the 'The Acupuncture Society') and some are not registered at all. For practical purposes, these practitioners have not been included in this survey. Only acupuncturists registered with the British Acupuncture Council in the UK were approached.

The principal method of data collection was a brief questionnaire that was sent out by email to registered acupuncturists in selected areas of the UK, using an online survey tool (www.surveygizmo.com). The acupuncturists in this sample received an email (see Appendices) inviting them to complete the survey which

contained a link to a web page where the survey could be filled in and submitted online. Completed surveys were then received and collated automatically by the online survey tool.

In addition to finding out how much these acupuncturists charge for treatment, the questionnaire highlighted relevant factors in understanding the fees that they charge through asking a series of short-answer questions, such as:

- how many years have you been in practice?
- approximately how many patients on average do you see weekly?
- do you work from home or from a clinic or both?
- how many patients do you treat at any one time?
- how long are your appointments?
- do you also practice herbal medicine?
- how frequently do you increase your fee?
- what are the main factors in your determining your fee?

A copy of the full questionnaire is enclosed in the Appendices.

The questionnaire was piloted prior to being sent out to the survey sample. Two British Acupuncture Council members not included in the sample were given the pilot questionnaire to complete, and did not have any issues with the format or the questions asked. They both took less than 2 minutes to complete the questionnaire.

In order to establish this survey sample, an analysis of statistics showing average house prices by local authority area in the UK was made. The survey sample was then made up of acupuncturists working in the wealthiest and poorest areas of the UK, as well as those working in areas with house prices close to the national average. Thus a three-tiered sample was established, to enable an effective relative analysis of treatment fees in the UK.

For the first quarter of 2010 (January-March), according to published statistics on house prices across the whole of the UK (BBC, 2010), the two local authority areas with the highest average house prices were:

- 1) Kensington and Chelsea (with an average house price of £1,264,213)
- 2) City of Westminster (with an average house price of £849,062)

This corresponds to published figures for average household income (Office of National Statistics, 2002) which show 'Inner London – West' as the local area with the highest gross disposable household income. Given that there are a relatively large number of acupuncturists in this area, the survey sample at the higher end of the scale was limited to British Acupuncture Council Members in Kensington, Chelsea and the W1G postcode area within the City of Westminster (specifically this postcode area because it pertains to Harley Street, where medical practice is notoriously expensive). A total of 44 British Acupuncture Council members were approached in this 'upper tier' of the sample.

Looking at the above-mentioned report on average house prices (BBC,

2010) alongside the British Acupuncture Council's Register of Members (British Acupuncture Council, 2009), it became apparent that there were very few acupuncturists working in the areas with the lowest house prices. So in order to achieve a reasonable sample size, a total of 40 acupuncturists were approached from a wide range of the poorest areas, which included parts of southern Wales, Glasgow, Hull, Stoke-on-trent, and Lincoln.

To establish the 'middle tier' of the survey sample, a total of 69 acupuncturists were approached from areas with average house prices closest to the national average of £224,064, which include Reading, Canterbury, South Lakeland and Cornwall.

Thus a total of 153 British Acupuncture Council members in all were approached for the survey.

There were 46 respondents in all, distributed between the three tiers of the sample as shown in Table 1 below:

Table 1 – Distribution of Survey Respondents

	No. of respondents
Upper tier (e.g. Kensington & Chelsea)	8
Middle tier (e.g. Reading)	28
Bottom tier (e.g. Hull)	10

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Due to this unbalanced response, with the majority of responses coming from the middle tier of the sample and only a small number of responses coming from the other tiers, some further basic data was gathered in order to ensure a more balanced overall analysis across the three tiers. This basic data, primarily just the details of fees charged for acupuncture treatment, was gathered from the websites of acupuncturists from the initial sample who didn't respond to the survey. As a result a more even distribution of data was achieved across the three tiers of the sample, as demonstrated in Table 2 below:

Table 2 – Distribution of All Survey Data

	No. of respondents from initial survey	Final no. of acupuncturists involved after completion of data collection
Upper Tier	8	30
Middle Tier	28	29
Bottom Tier	10	22

Although providing a more balanced distribution of data across the three tiers, this additional data gathered from websites has more limited scope for analysis, as only the following details could be ascertained using this method of data collection:

- Fees charged (for initial and follow-up appointments)
- Length of sessions (for initial and follow-up appointments)
- Place of practice (home or clinic location)

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Other details, such as the number of patients being treated simultaneously, the number of years the acupuncturist had been practising, and reasons for increasing fees, were not ascertained. However it was felt that, although more limited in its scope, this additional data would nonetheless prove helpful in providing a broader basis for drawing some more general conclusions about the cost of acupuncture treatment across the UK.

The geographic distribution of the full results from each tier of the sample is indicated in Table 3 below, which details the individual local authorities in which acupuncturists in the sample practise:

Table 3: Local authority areas covered by final sample

Sample Tier	Local Authority Area	Region	Average House Price
Upper Tier	Kensington & Chelsea	Greater London	£1,264,213
	Westminster	Greater London	£849,062
Middle Tier	Reading	South East	£230,778
	Craven	Yorks & Humber	£227,515
	Cornwall	South West	£227,442
	Canterbury	South East	£226,444
	Bexley	Greater London	£225,666
	Hambleton	Yorks & Humber	£224,752
	East Cambridgeshire	East Anglia	£223,816
	Mid Suffolk	East Anglia	£222,436
	Daventry	East Midlands	£222,288

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	Maidstone	South East	£221,577
	South Lakeland	North West	£221,254
	Adur	South East	£220,290
Bottom Tier	Falkirk	Scotland	£119,867
	Renfrewshire	Scotland	£118,898
	Sandwell	West Midlands	£118,695
	Lincoln	East Midlands	£118,262
	NE Lincolnshire	Yorks & Humber	£118,049
	Boston	East Midlands	£117,502
	Mansfield	East Midlands	£116,071
	City of Nottingham	East Midlands	£112,105
	North Lanarkshire	Scotland	£105,705
	Kingston upon Hull	Yorks & Humber	£96,423
	Stoke-on-Trent	West Midlands	£92,551
	Burnley	North West	£87,378

Results and Analysis:

The main findings from the research conducted relate to the cost of acupuncture treatment across the three-tiered sample. Some other findings were also established from some of the questions asked in the survey concerning different factors involved in the setting of fees.

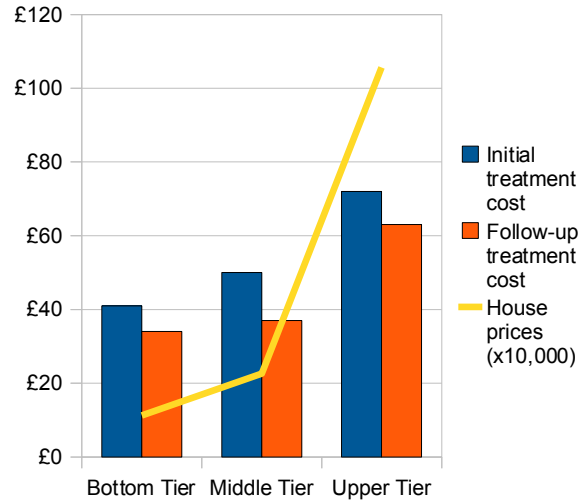
Table 4 below shows the mean cost of treatment for each of the three tiers of the sample, with the mean house price for each tier also shown:

Table 4 – Mean cost of treatment for each sample tier

	Mean house price (£)	Mean cost of initial treatment session (£)	Mean cost of follow-up treatment (£)
Upper Tier	1,056,638	72	63
Middle Tier	225,579	50	37
Bottom Tier	112,318	41	34

As indicated above, the mean cost of a follow-up treatment in the upper tier of the sample, at £63, is almost twice that of the mean cost of treatment in the lower tier (£34). However the mean cost of treatment in the middle tier is less than 10% higher than the mean cost of treatment in the bottom tier. Thus there is a significant jump in the cost of treatment from the middle and bottom tiers to the upper tier of the sample. This is reflected in comparison to the variation in house prices across the three tiers in Chart 1 below:

Chart 1: Mean cost of treatment compared with house prices



As illustrated in Chart 1, the jump in house prices from the bottom and middle tiers to the upper tier of the sample is disproportionate to the comparative jump in the cost of treatment. House prices in the middle tier are approximately twice those of the bottom tier, whereas house prices in the upper tier are approximately 10 times those of the bottom tier.

Looking at the sample as a whole, putting all three tiers together, the mean cost of an initial treatment is £55.71 and the mean cost of a follow-up treatment is £45.81. This is not intended to represent a national average however, as only particular areas of the UK were considered for this research with the intention of investigating variations in acupuncturists' fees across the nation.

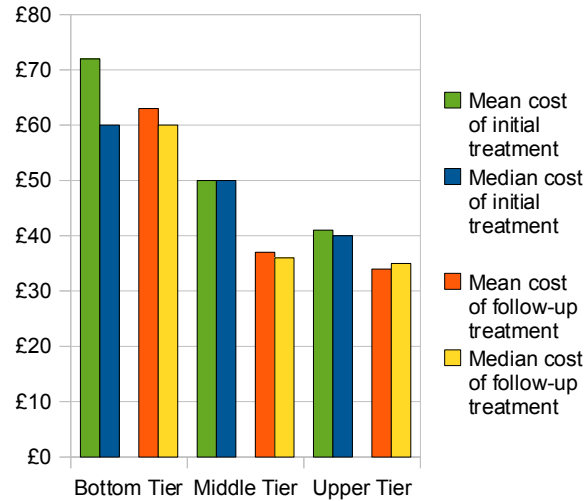
Table 5 below shows the median cost of treatment for each of the three tiers of the sample, with the mean house price for each tier also shown:

Table 5 – Median cost of treatment for each sample tier

	Mean house price (£)	Median cost of initial treatment session (£)	Median cost of follow-up treatment (£)
Upper Tier	1,056,638	60	60
Middle Tier	225,579	50	36
Bottom Tier	112,318	40	35

Comparing this to Table 4 above, the median cost of treatment in the bottom and middle tiers are within £1 of the mean cost of treatment in those tiers. In the upper tier, the median cost of a follow-up treatment is approximately 5% less than the mean cost, but the median cost of an initial treatment is nearly 20% less than the mean cost. This is due to some acupuncturists in the upper tier charging significantly more than average for initial treatments (e.g. £150). A comparison of the mean and median costs of treatment in the three tiers of the sample is shown in Chart 2 below:

Chart 2: Comparison of mean and median costs of treatment



The range of fees charged by acupuncturists in the sample for each tier is shown in Table 6 below, again reflected against mean house prices:

Table 6 – Range of treatment fees for each sample tier

	Mean house price (£)	Range of fees for initial treatment (£)	Range of fees for follow-up treatment (£)
Upper Tier	1,056,638	45-150	45-130
Middle Tier	225,579	30-90	15-65
Bottom Tier	112,318	0-70	25-44

The bottom of the range in the bottom tier reflects that one acupuncturist from this sample offers free initial consultations – apart from this one case the lowest initial treatment fee charged in the bottom tier is £27. As indicated above, the highest

cost of a follow-up treatment in the bottom tier of the sample (£44) falls just short of the lowest cost of a follow-up treatment in the upper tier (£45). The lowest cost of a follow-up treatment (£15) appears not in the bottom tier of the sample but in the middle tier. The next lowest cost of a follow-up treatment in the middle tier of the sample is £25, which is equal to the lowest cost of a follow-up treatment in the bottom tier.

The duration of treatment sessions was also examined in this research, and the mean duration of treatments is compared to the mean cost of treatment in Table 7 below:

Table 7 – Comparing duration and cost of treatment for each sample tier

	Mean cost of initial treatment session (£)	Mean duration of initial treatment session (mins)	Mean cost of follow-up treatment (£)	Mean duration of follow-up treatment (mins)
Upper Tier	72	63.85	63	47.31
Middle Tier	50	81.43	37	51.79
Bottom Tier	41	77.5	34	50.88

As indicated above, the mean duration of initial and follow-up treatments is very similar for both the middle and bottom tiers of the sample. Follow-up treatments in the upper tier of the sample are only slightly shorter on average (by 3-4 minutes), although initial treatments in this tier are more significantly shorter on average (by

15-20 minutes). The median duration of a follow-up treatment was the same for all three tiers of the sample, at 45 minutes.

To highlight further the comparison between the cost and duration of treatment, Table 8 shows the mean cost of treatment per minute in each tier of the sample:

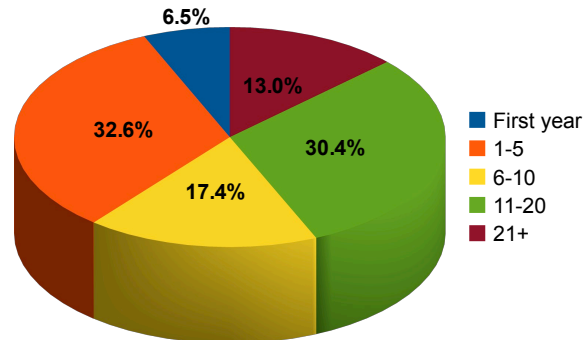
Table 8: Mean cost of treatment per minute

	Mean cost of initial treatment per minute (£)	Mean cost of follow-up treatment per minute (£)
Upper Tier	1.13	1.33
Middle Tier	0.61	0.71
Bottom Tier	0.52	0.67

This indicates that acupuncturists across the sample generally work on the basis of a lower hourly rate for their initial treatment sessions, as the mean cost per minute of a follow-up treatment is higher than that of an initial treatment in all three tiers of the sample.

Further data was gathered from the completed survey questionnaires, which is detailed in the remaining paragraphs of this section. The first set of data concerns the number of years that respondents have been practising acupuncture, to give an indication of their level of experience. These results are shown in Chart 3 below:

Chart 3: Number of Years in Practice



This shows that approximately one third of the survey respondents had between 1 and 5 years experience, and about another third of the respondents had between 11 and 20 years experience. Only 6.5% of the survey sample were in their first year of practice, and 13% had over 20 years experience. The remaining 17.4% had between 6 and 10 years experience. Each category shown in Chart 3 above was represented in each of the three tiers by at least one respondent. There was no correlation in the results between the number of years an acupuncturist has been in practice and the amount that they charge for treatment; the highest fees charged in each sample tier were not attributed to the most experienced acupuncturists in that tier, and similarly the lowest fees charged were not attributed to those with the least experience.

Another question which survey participants were asked was how many patients they treat on average on a weekly basis. There was a broad range of responses, as detailed in Chart 4 below:

Chart 4: Number of Patients Treated Weekly

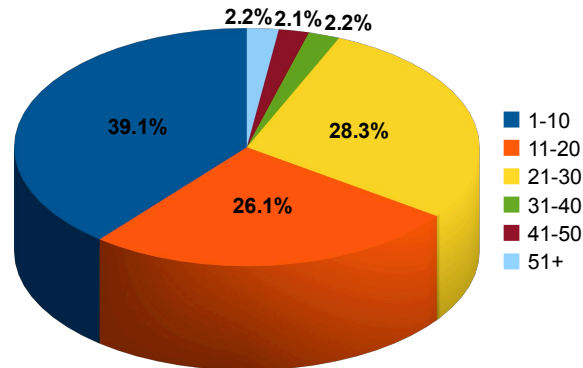


Chart 4 indicates that over a third (39.1%) of the acupuncturists in the survey sample treat only 1-10 patients per week. 26.1% of the survey sample treat 11-20 patients per week, and 28.3% treat 21-30 patients per week. Only 6.7% of the survey sample (three acupuncturists in total) treat over 30 patients per week, with only 2.2% of those (just one acupuncturist from the sample) treating over 50 patients per week. There was no correlation in the results between the number of patients seen on a weekly basis and the amount charged for treatment.

Another question that was asked to survey participants was how many

patients they treat at any one time. The response to this question is indicated in Chart 5 below:

Chart 5: Number of Patients Treated Simultaneously

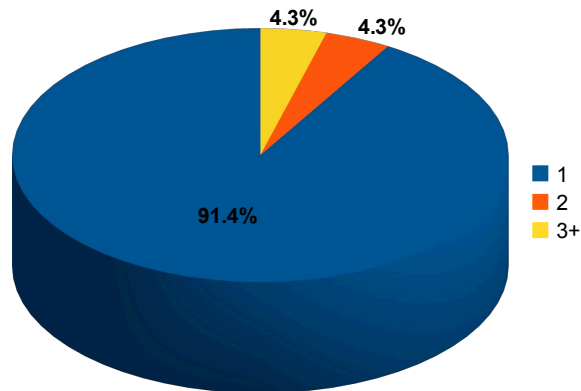


Chart 5 indicates that the vast majority (91.4%) of acupuncturists in the survey sample treat only one patient at any one time. However 4.3% of the sample (two acupuncturists in total) treat 2 patients at once, and another 4.3% treat 3 or more at once. One might assume that those acupuncturists treating more than one patient simultaneously might charge significantly less for their treatments, however in the case of this particular research they charge within £4 of the mean charge for follow-up treatments in their sample tier.

Survey participants were also asked whether they work from home or from a clinic (or both), and the response to this question is summarised in Chart 6 below:

Chart 6: Practising from Home or from a Clinic

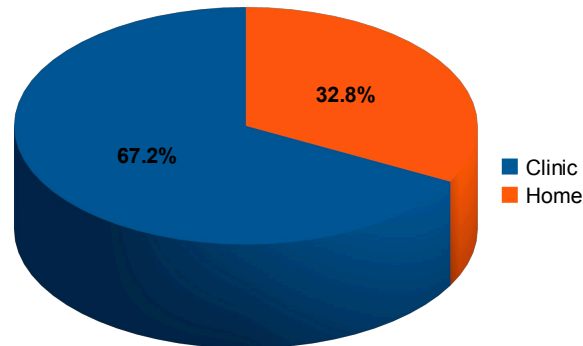
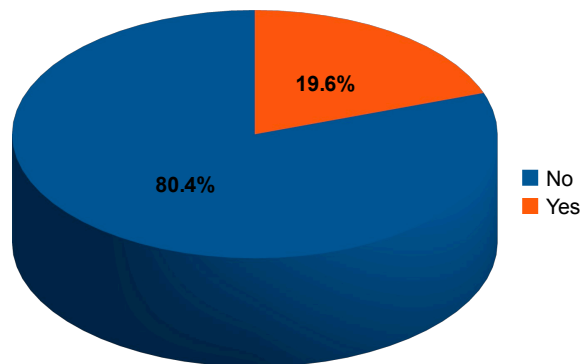


Chart 6 shows that the majority of acupuncturists (67.2%) from the survey sample practice in a clinic setting, with 32.8% maintaining a home practice. 26% of respondents maintain practices in both settings. Those who work only from home generally do not appear to charge much less than average. For example, in the middle tier of the sample the mean charge for a follow-up treatment from the acupuncturists who work purely in a home setting is £36, just £1 less than the mean charge for this tier overall. In the bottom tier of the sample, the mean charge for those working purely from home is £31, compared to a mean charge of £34 for the tier overall.

Another consideration in this research is whether or not the acupuncturists in the sample also practice Chinese herbal medicine. This question was included in

the questionnaire sent to survey participants and the results are summarised in Chart 7 below:

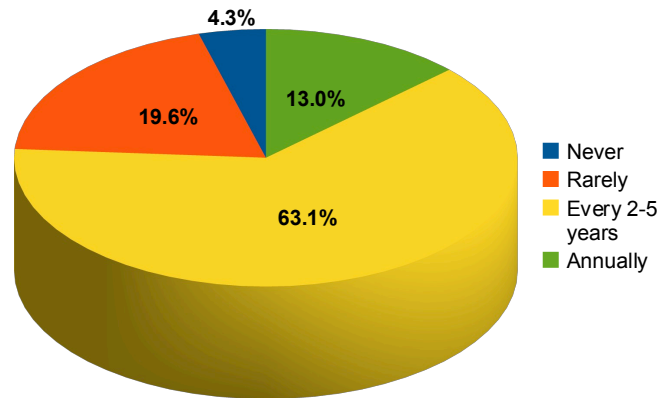
Chart 7: Acupuncturists also practising Chinese herbal medicine



As indicated in Chart 7 above, the vast majority of survey respondents just practice acupuncture, but 19.6% of respondents also practice herbal medicine. The majority of respondents who also practice herbal medicine are from the middle tier of the survey sample, and their mean charge for a follow-up treatment is £36.80, compared to the overall mean charge of £37 for this tier.

Survey participants were also asked how often they change their fees, and the response to this question is summarised in Chart 8 below:

Chart 8: Frequency of Changing Fees



As indicated in Chart 8 above, the majority of survey respondents (63.1%) change their fees every 2-5 years. 4.3% of the survey sample never change their fees, and 19.6% change them only rarely. The remaining 13% change their fees the most frequently, on an annual basis.

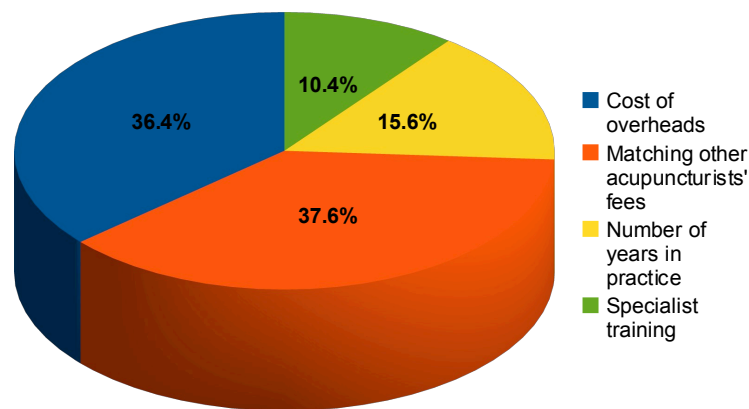
A related consideration investigated in this research concerns the various factors involved in determining and/or changing one's fees as an acupuncturist. Survey participants were presented with four possible factors which might be involved in their decision-making process, as follows:

- Matching other acupuncturists' fees
- Cost of overheads
- Specialist training

- Number of years in practice

In many cases respondents selected more than one of these factors as being relevant to their decision-making process. The results from these responses are summarised in Chart 9 below:

Chart 9: Factors Involved in Determining/Changing Fees



As shown in Chart 9 above, the main factors involved for survey respondents in determining and/or changing their fees are matching other acupuncturists' fees and considering the cost of overheads in their practice. The number of years they have been in practice and any specialist training that they have done were also considerations.

Discussion:

The purpose of this research is to investigate how acupuncturists' fees vary across the UK. The results, as summarised in Tables 4,5 and 6 above, indicate that there is some variation in fees relative to the cost of living in different areas of the UK, but there is some question as to the extent to which the fees vary.

As stated earlier, the mean cost of a follow-up treatment in the middle tier of the sample is £37 compared to £34 in the bottom tier. The bottom tier of the sample represents some of the poorest areas in the UK, with the mean house price for this tier of the sample being £112,318 – approximately half the national average of £224,064. The difference in the cost of treatment in these areas is therefore relatively small when compared to house prices in these areas.

On the other end of the scale, the mean cost of a follow-up treatment in the upper tier of the sample is £63. Although this is nearly twice as much as that of the bottom tier, the average house price for the upper tier of the sample is nearly 10 times that of the bottom tier and nearly 5 times that of the middle tier.

These comparisons are clearly disproportionate, and further investigation may be required to understand why. A first consideration is that house prices may not give a fair reflection of the cost of living in a certain area or the household income of people living in that area. While the Office of National Statistics publish details of household income on the basis of region, sub-region and local area, they do not break down household income specifically by local authority area, and so it

is not possible to make a direct comparison with the areas covered in this research sample. However some comparison can be made in general terms by looking at how much household income varies by local area. Table 9 below shows the extent of variation of household income in the UK for the period 1997-1999 (Office of National Statistics, 2002):

Table 9: Index of gross domestic household income in the UK

	Gross domestic household income per capita: index UK = 100
Inner London – West	164
UK	100
North of Northern Ireland	72

Here 'Inner London – West' is the area with the highest household income in the UK, at 164% of the national average, and 'North of Northern Ireland' is the area with the lowest household income, at 72% of the national average. For the purposes of comparing household income to house prices, Table 10 presents an indexed tabulation of variation in mean house prices for this research sample:

Table 10: Index of mean house prices for each tier of the sample

	Mean house price: index UK = 100
Upper Tier	472
Middle Tier	101
UK	100
Bottom Tier	50

Clearly there is a marked difference in variation here, but this is only a rough comparison as the local areas specified in Table 9 cover broader areas than the local authority areas covered in this research sample. For the sake of further comparison, Table 11 presents an indexed tabulation of the mean cost of a follow-up acupuncture treatment from the three tiers of the research sample:

Table 11: Index of the mean cost of a follow-up acupuncture treatment

	Mean cost of follow-up acupuncture treatment: index Middle Tier = 100
Upper Tier	170
Middle Tier	100
Bottom Tier	92

This is a closer match to the variation of household income shown in Table 9 above, in particular comparing the upper and middle tiers of the sample. For the purposes of this research it might have been more useful to compare the cost of

acupuncture treatment with household income instead of house prices, to make a fairer comparison. However as mentioned above this would involve investigating larger areas than the local authority areas and thus approaching a larger number of acupuncturists in order to achieve a representative sample. This might be a consideration for some follow-up research.

Comparing Table 11 with Tables 9 and 10 however, there is still a relative lack of variation between the cost of acupuncture treatment in the middle and bottom tiers of the sample. In other words, the cost of acupuncture treatment in the poorer areas of the country seems to be relatively high.

One possible reason for this is that acupuncture treatment might only be pursued by people with relatively higher incomes, so that in a poorer area for example it is only people earning over a certain amount who consider receiving treatment and the majority of people in those areas simply cannot afford it. This may provide sufficient basis for acupuncturists in those areas to maintain a profitable practice. As detailed in the results above, the majority of acupuncturists in the sample see less than 20 patients per week, so they are generally only treating a very small minority of people in their local authority areas, quite possibly the wealthier people in the area. Further research would need to be undertaken to investigate this explanation, possibly by conducting a survey of acupuncture patients' income in particular areas and comparing this to average income levels in that area.

It may also be worth noting that there were no BAAC members practising in many of the poorest local authority areas in the UK, which include remote parts of Scotland and Wales. This may just be a case of acupuncturists not wanting to live in such areas, but it may also be that there is not sufficient demand in these areas for acupuncture treatment, perhaps because the cost of treatment is prohibitive for inhabitants of these areas.

This is not to say though that acupuncturists do not reach out to people on lower income or living on benefits. One of the survey respondents from the middle tier of the sample sent in an email to make three points on this subject as follows:

'1. I give initial consultations for free, 30 min. They serve initial assessment and "contract making".

'2. I have a rather large number of clients with reduced fees because they would otherwise struggle. Questions about 'pricing structures' would have been more appropriate.

'3. I have a small number of clients who pay hardly at all. They return often and just need ongoing support.'

This is just one example of an acupuncturist offering concessions to people who cannot afford treatment, and is apparently not uncommon. On reflection it would have been helpful to include questions in the survey to gather more information on this. The results of the survey do not take concessionary rates into account, and so

it may be that acupuncture treatment could be more affordable than the survey results indicate, in particular making it accessible to more individuals in the poorer areas of the UK. This might be an area for further research, possibly warranting its own survey as there may be detailed information to be gathered. In the case detailed above, the acupuncturist offers free initial consultations which would give anyone regardless of their income an opportunity to discuss how much they could afford to pay for treatment.

Other factors that were taken into account in the survey did not appear to have such a significant effect on acupuncturists' fees as might have been expected. For example, the results shown in Chart 5 above indicated that for those treating more than one patient simultaneously there was no significant difference in fees per patient than for those treating only one patient at a time. This could indicate that the underlying motivation in these cases for treating more than one patient simultaneously might be to optimise efficiency (income per hour and time spent treating patients) and perhaps overall income too. This sits in contrast to the concept of a low-cost multi-bed clinic, where multiple patients are treated simultaneously in order to make treatment more affordable for the patients. An example of this is the 'Bigroom Acupuncture' clinic which operates in Bristol and Oxford. The clinic's website explains as follows (Bigroom Acupuncture, 2010):

“Modelled on a treatment environment commonly seen in China,

bigroom clinics are open-plan, with several beds in one room separated by privacy screens. This way, our practitioners can treat more than one patient at a time, which means that our prices are significantly lower than typical one-to-one treatments. We have all worked in the traditional one-to-one setting, but found that many potential patients felt unable to come for treatments because of the costs. And although we still treat one-to-one patients at other clinics, we concentrate on multi-bed treatment because we think that everyone should have the opportunity to improve their health through acupuncture, regardless of their salaries.”

Follow-up treatments at the Bigroom clinics cost £20, with a concessionary rate of £18 for the unemployed, senior citizens and students (Bigroom Acupuncture, 2010). This is close to the lowest follow-up treatment fee of £15 identified in the survey sample, and is certainly significantly less than the lowest mean cost of £34 from the bottom tier of the sample. House prices in Bristol are between the mean figure for the bottom and middle sample tiers, and in Oxford are between the mean figure for the middle and upper sample tiers.

These kinds of clinic were unfortunately not represented in the survey sample, and perhaps this could be another area for future research, either in its own right as an investigation into multi-bed clinics in the UK or possibly to be

combined with an investigation into concessionary rates charged nationwide. The 'Association of Community and Multibed Acupuncture Clinics' [ACMAC] lists 48 such clinics in the UK on its website (ACMAC, 2010).

Looking at the results from other factors investigated in the survey the indication is that the number of years the acupuncturists have been in practice does not necessarily imply that they charge more than the mean fee for their area. As detailed earlier, the highest fees charged in each sample tier were not attributed to the most experienced acupuncturists in that tier, and similarly the lowest fees charged were not attributed to those with the least experience. That is not to say however that individual acupuncturists do not increase their fees in relation to the number of years for which they have been practising; as shown in Chart 9, 15.6% of the sample expressed that this was a relevant factor for them in increasing their fees. However this is a relatively small percentage and other factors appear to be more relevant to acupuncturists in increasing their fees, as Chart 9 indicates, with the cost of overheads and matching other acupuncturists' fees being most relevant. In terms of matching other acupuncturists' fees as a consideration, presumably there are particular acupuncturists in each area who lead the way in increasing their fees (either due to increased overheads or other factors) and then others in the area follow suit. This question could have been investigated in further detail in this research, perhaps by interviewing several acupuncturists individually around this topic.

As detailed earlier, there was no correlation in the results between the number of patients seen on a weekly basis and the amount charged for treatment. Based on the data gathered in this regard it would be possible to generate some approximate estimates of acupuncturists' gross weekly earnings, although this may have no direct relevance to the particular research question being investigated. However it might be an area for further investigation, perhaps looking collectively at acupuncturists' income, expenses and net salaries in different areas of the UK and comparing these to average income levels in those areas.

The results show very little difference between fees charged at home or in a clinic setting, and perhaps this also indicates that the priority for most acupuncturists is maximising net income potential; although there are likely to be less overheads involved in working from home, this does not appear to result in a lowering of fees, and treatments are generally charged at the going rate for the area. The results also indicated that those acupuncturists practising herbal medicine generally do not charge any more or less than average for acupuncture treatments.

Comparing the results of this research with some of the previous research studies in this area reveals that in general acupuncture treatment appears to have become relatively more costly in recent years. As discussed earlier, White et al (1998) examined complementary therapists' fees (including acupuncture) in different regions of the UK and established a range of £20 - £39 for an initial

treatment. Taking inflation into account, this equates to a range of £26 – 51 in 2009 (Bank of England, 2010). This is a relatively small range of fees, compared with the £0 - £150 range for an initial acupuncture treatment established in this research. It is small even just compared to the middle tier of the sample, where initial treatment fees ranged from £30 - £90. So the indication here is that the scope of charges for treatment has widened significantly in the past decade.

As mentioned earlier, Ernst (2000) found the average fees charged by acupuncturists in South West London in 1995 to be £35 for a first visit and £20 for follow-up visits. Allowing for inflation, this equates in 2009 to £50 for a first visit and £28 for a follow-up visit (Bank of England, 2010). As shown in Table 4 above, the upper tier of the sample from this research, which includes parts of South West London (Kensington & Chelsea) as well as parts of Central London, has a mean cost of £72 for an initial treatment and £63 for a follow-up treatment. The lowest charge for a follow-up treatment in this sample tier is £45. The indication here is that fees for acupuncture treatment in South West London appear to have increased significantly more than inflation in the past 15 years. However a more accurate comparison would need to be made in order to verify this.

Friedman and Richardson's finding (2009) of a £40 standard fee for acupuncture treatment in the Bedfordshire/Hertfordshire area appears to compare well with the results of this survey shown in Table 4. The Bedfordshire/Hertfordshire area generally lies just above the middle tier of the sample in terms of average

house prices (BBC, 2010), and the mean cost of treatment in the middle tier of the sample is £37.

The survey by Ratcliffe et al (2006) investigating three private acupuncture clinics in York found the cost of acupuncture treatment to be £24. Accounting for inflation, this equates to £26 in 2009 (Bank of England, 2010). In terms of average house prices, York lies between the bottom and middle tiers of the sample (BBC, 2010), so comparing this to the results shown in Table 6 indicates that these fees are close to the bottom end of the range for this area.

The findings and implications of this research are of potential interest to acupuncture students, the acupuncture profession and the general public. Prospective and practising acupuncturists can make use of the results of the research in considering where to live and work, as they highlight the relative gross income potential in different parts of the UK. The results also provide the acupuncture profession and the general public with a reasonable idea of how much a patient might expect to pay for acupuncture treatment in different parts of the UK.

The results of this research also provide a good basis for comparing the cost of acupuncture treatment to the cost of other complementary therapy treatments, comparing the cost of acupuncture treatment in the UK with that in other countries, and investigating to what extent the public consider acupuncture to be affordable. In addition the results provide a basis for more detailed research into the cost-effectiveness of acupuncture treatment in the UK.

Conclusion:

This survey has provided some basic information for the benefit of both the profession and the public on the cost of acupuncture treatment in different parts of the UK, relative to house prices. In the wealthiest areas of the UK the mean cost of a follow-up treatment from the survey sample was £63, compared to £34 in the poorest areas of the UK and £37 in areas of average wealth. One implication of this is that the cost of acupuncture treatment in the poorest areas of the UK is relatively high. A possible explanation for this is that acupuncture treatment might only be pursued by people with relatively higher incomes in poorer areas, meaning that the majority of people in those areas are unable to afford treatment.

However, the survey also revealed evidence of acupuncturists offering concessionary rates to those who are unable to afford the standard cost of treatment, indicating that treatment may not be as exclusive as the main results suggest. Further research in this area is required in order to ascertain the extent to which treatment is affordable to those on lower income.

In addition, comparing the results of this research with some of the previous research studies in this field indicates that the cost of acupuncture treatment in the UK is generally increasing at a faster rate than inflation. If this is indeed the case, the implication is that acupuncture treatment in general is becoming increasingly less accessible to those on lower income. However, in addition to the above-mentioned evidence of concessionary rates being offered, there is also evidence

for the growth of more affordable multi-bed clinics across the UK, as discussed above. A more thorough investigation into more affordable forms of acupuncture treatment in the UK such as these would help to establish how accessible acupuncture treatment really is to those on lower income.

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Appendices

Appendix 1 - Email invitation to participate in survey research:

Subject: Request for your assistance in dissertation research

I am a third year student at the College of Integrated Chinese Medicine (CICM) undertaking a research dissertation investigating acupuncturists' fees across the UK.

In order to research this topic I am asking some BAAC members from particular areas within the UK to answer a brief questionnaire online and would be very grateful for your response. The survey should take less than 2 minutes to complete.

Participation in this study is entirely voluntary and anonymous. Results cannot and will not be identifiably attributed to any individual participant.

A summary of results will be made available on request after the end of November 2010. If you would like any further information, please contact me by email at sammay7@gmail.com

Thank you for taking the time to read this information and completing the survey, should you wish to do so.

The survey can be accessed by clicking here:

[("survey link")]

Kindest regards,

Sam May, Class 07.2, College of Integrated Chinese Medicine

Appendix 2 - Survey Questionnaire:

1.) Please enter the first half of the postcode where you practise (e.g. SW3) - if multiple locations, please enter all and separate with commas:

2.) How many years have you been in acupuncture practice?

- First year
- 1-5
- 6-10
- 11-20
- 21+

3.) Approximately how many acupuncture patients on average do you see weekly?

- 1-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51+

4.) Do you work from home or from a clinic or both? (check all that apply)

- Home
- Clinic

5.) How many patients do you treat at any one time?

- 1
- 2
- 3+

A SURVEY OF ACUPUNCTURISTS' FEES ACROSS THE UK

6.) How much do you currently charge for initial acupuncture appointments? (in £)

7.) How long are your initial acupuncture appointments? (in mins)

8.) How much do you currently charge for follow-up acupuncture appointments? (in £)

9.) How long are your follow-up acupuncture appointments? (in mins)

10.) Do you also practice herbal medicine?

Yes

No

11.) How frequently do/will you increase your fee?

Annually

Every 2-5 years

Rarely

Never

12.) Which of the following factors influence your determining/increasing your fee?
(check all that apply)

Matching other acupuncturists' fees

Cost of overheads

Specialist training

Number of years in practice

Thank you for completing this survey. Your response is very much appreciated.