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**British Acupuncture Council
Membership Survey**

February/March 2007

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Executive Summary

- The proportion of members who think the BAAC is effective at representing members' interests has increased significantly from 58% in 2000 to **70%** in 2007.
- However, 15% consider the BAAC not effective. This view tends to focus on the need for the BAAC to stand up for traditional forms of acupuncture, to address the issue of cost of membership (especially after SSR) and to tackle the perceived saturation of the market.
- Members, in particular those who have not been qualified long, call for the BAAC to continue its PR and media work promoting acupuncture.
- The BAAC is fulfilling a communication need for younger and newly qualified members who are building their practices and in need of support.
- The large majority (92%) agree that there is a need for a professional association after statutory regulation, and 85% are likely to join.
- The key priorities for a new association are "upholding Chinese acupuncture values as practised for centuries" and "the promotion of the benefits of acupuncture and its widespread acceptance as a therapy".
- Recommendation is the main way members' patients seek an acupuncturist. They are also drawn because other treatments have failed, because of the reputation of acupuncture, and because they have seen publicity.
- The most important marketing tools are the BAAC office/Register and website and Yellow Pages.
- One in three have attended a BAAC conference in the last 3 years; the inconvenience of the location is a deterrent for practitioners based in the North and a sizeable proportion of these would like to see a regional conference.
- The profile of members shows an ageing group, as the proportion aged over 55 has increased from 15% to 24% since 2000. The proportion of women is gradually increasing, from 58% in 2000 to 66% in 2007. Note: the large majority of newly qualified practitioners are women.

Conclusions

The message to the BAAC is to...

- Continue helping younger and newly qualified practitioners to build up their practice by giving marketing and business support. These members rely on publicity in part generated by the BAAC to bring new patients.
- Develop the BAAC website as it is much used by younger and newly qualified members.
- Consider a sliding scale of costs for membership in favour of younger and newly qualified members
- Be vocal in defence of traditional acupuncture and let members know you are totally committed to the integrity of the profession.
- Support the regions by arranging a regional conference in the North of England and by encouraging training in the North and Midlands.
- Foster the formation of Regional Groups in the Midlands.

Background and Objectives

This survey of members was undertaken at a time of change, with a need to prepare and plan for Statutory Self-Regulation. The BAAC undertook the survey with the following aims:

- Primarily, to find out what members want from a new professional body, in particular:
 - Whether there is a need for such a body
 - What services do members consider most important
 - What should be the priorities of a new association
- Secondly, the survey aims to find out ways in which members practise acupuncture, views on professional development and their practice.
- Finally, the survey builds on the members' opinion poll carried out in 2000, by looking at the profile of members and assessing the ways in which the profile has changed.

The previous research was a postal self-completion survey of 860 members. Where questions have been asked on both surveys, wording has been kept the same to ensure continuity.

Methodology

The survey was carried out by sending a self-completion postal questionnaire to all members. This method gives all members a chance to respond and voice their opinion. However, it should be remembered that this method results in a self-selecting sample; not all questionnaires are returned and only those who choose to take part do so. We do not gather the views of those who choose not to participate.

Around 2,500 questionnaires were sent out in January 2007 to all members including overseas members. 1,012 were returned, representing a response rate of 40%. This ensures a good, robust sample for analysis. A letter from Ron Bishop, Chair of the BAcC Executive Committee, explaining the need for the survey and urging members to take part was included with the questionnaire. Members were given six weeks to complete the survey (until 19th February), and a reminder was included in the Acupuncturist (BAcC newsletter/magazine) in February.

The questionnaire was drafted by ORB in conjunction with the BAcC. The questionnaire was drafted in a user-friendly format, using tick boxes wherever possible. A reply-paid envelope was included with the questionnaire. All questionnaires were anonymous, and members were not asked to give their name and address. All data is presented in aggregate form and not shown separately, so individual members cannot be identified.

No pilot interviews were carried out as it was felt that the 2000 survey had shown that the self-completion postal method was an effective one.

This project was carried out in compliance with ISO 20252.

Sample and Research Audience

1,012 interviews were achieved with BAAC members. A demographic profile is provided in the report. The margin of error on 1,012 interviews at the 95% confidence interval is ± 3 for a survey finding of 50%.

The source of the sample was the BAAC database of members. All members in the database received a questionnaire. Data are unweighted.

A summary is given overleaf and this is followed by the main findings. Please note that an asterisk (*) in the tables represents a value greater than zero but lower than 0.5%. Where percentages do not add to 100%, this is due to computer rounding, the exclusion of "don't know" categories or multiple answers. Where averages are shown, these are based on all giving an answer, excluding don't know/no answers.

Research Findings – the BAAC Past and Present

Length of membership of BAAC

Almost half of those surveyed (45%) have been a member of the BAAC for more than 10 years. Length of membership is strongly linked to years in practice, as more than 90% of those who have been in practice for more than 10 years have also been members of the BAAC for that time.

Variations are apparent by region, with a body of long-standing members in the South West (where 55% of those surveyed have been a member for 10 years or more) and the Midlands (52%). However, in London, just 36% have been members for 10 years or more.

Q How long have you been a member of the BAAC?

		Years in practice			
	Total	1 - 5	6 - 10	11 - 15	16+
<i>Base:</i>	1012	289	257	148	305
Less than a year	6%	20%	0	1%	0
More than 1 to 3 years	11%	38%	1%	1%	1%
More than 3 to 5 years	12%	36%	4%	1%	2%
More than 5 to 10 years	24%	5%	82%	5%	4%
More than 10 years	45%	0	12%	93%	92%
Average (years)	9	3	8	14	14

Reasons for joining the BAAC

The main reasons for joining the BAAC are for the insurance (mentioned by 55%) and for professional representation (47%). Significant proportions also mentioned that they were advised to by their college/tutor (42%) and that membership was transferred automatically in 1995 (39%).

Among those who have been in practice for up to 5 years only, the main motivating factors are that they were advised to join at college (73%) and for the insurance (68%). However, for those who have been in practice for 16 years or more, the large majority say that membership was transferred automatically in 1995 (86%).

Q What motivated you to join the organisation?

		Years in practice			
	Total	1 - 5	6 - 10	11 - 15	16+
<i>Base:</i>	1012	289	257	148	305
For medical malpractice and liability insurance	55%	68%	70%	44%	34%
Professional representation, including political activity	47%	56%	56%	43%	33%
Was advised to by college/by tutor	42%	73%	62%	18%	8%
Membership was transferred automatically during the 1995 amalgamation	39%	2%	5%	71%	86%
The benefits of membership	39%	46%	50%	35%	24%
The availability of support/advice	38%	49%	46%	31%	25%
Other	5%	8%	5%	3%	3%

Frequency of contact with BAcC

Nine members in ten have some contact with the BAcC (90%), with the average number of contacts a year standing at 2 (among those who have contact).

Overall, 29% have contact with the BAcC up to once every 6 months. The proportion is higher among men than women (35% versus 27%) and among younger members compared with older members (41% of those aged 18-34 versus 26% of those aged 45+).

Seven members in ten (71%) visit the BAcC website. The average number of visits a year is 5 (among those who do visit the website). Fourteen per cent visit at least once a month.

The proportion who visit the website is strongly correlated with age. Just over half of members aged 18-34 (54%) visit the website once every 3 months, compared with just 21% of those aged 45+.

Those members who have been in practice for a relatively short time visit the website more often. Almost half (47%) of those who have been in practice for up to 5 years visit the website at least once every 3 months; the proportion drops to just 19% of those who have been in practice for 16 years or more. This suggests the BAcC is fulfilling a communication need particularly for those younger and recently qualified members who are building their practices.

Q Approximately how often do you contact the BAcC, whether by letter, email or telephone?

Q And approximately how often do you visit the BAcC website?

	Any contact	Visit website
Up to once every 3 months	11%	27%
Once every 4 – 6 months	18%	16%
Once a year	30%	12%
Less often	20%	9%
It varies	10%	7%
Never	9%	21%
Don't know/not applicable	1%	8%

Base: All members surveyed (1012)

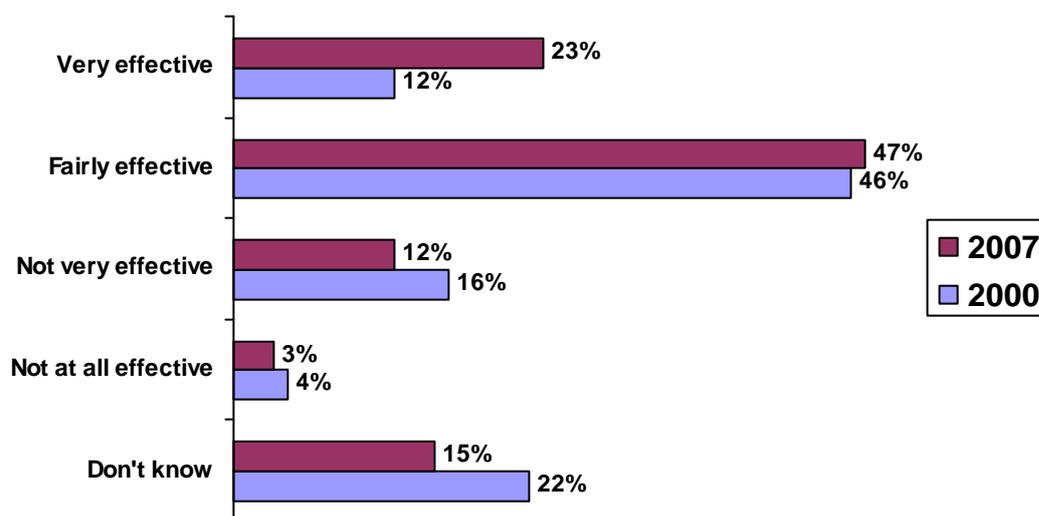
Effectiveness of BAcC at representing members' interests

The proportion who think the BAcC is effective at representing members' interests has increased significantly since 2000, rising from 58% to 70%. At the same time, the proportion thinking the BAcC is **not** effective has fallen from 20% to 15%. Men are more likely than women to consider the BAcC not effective. Of the age groups, older members are most positive in their views.

"Only been a member a few months but the BAcC seems well organised and efficient. I would like to see a similar professional association after SSR."

Female, 35 - 44, London, 3 months in practice

Q In your opinion, how effective is the BAcC at representing members' interests?



Base: 2000: 860 2007: 1012

2007 details:

	Effective	Not effective
Total	70%	15%
Gender:		
Men	68%	19%
Women	71%	13%
Age:		
18-34	66%	13%
35-44	68%	16%
45-54	68%	18%
55+	76%	11%

Satisfaction with BAcC services

Members were asked their satisfaction levels with a range of services provided by the BAcC. Three-quarters (77%) are satisfied with the Membership Register, and this is the highest rating of the list; five per cent are dissatisfied.

Many practitioners, especially those building up their practices, welcome information:

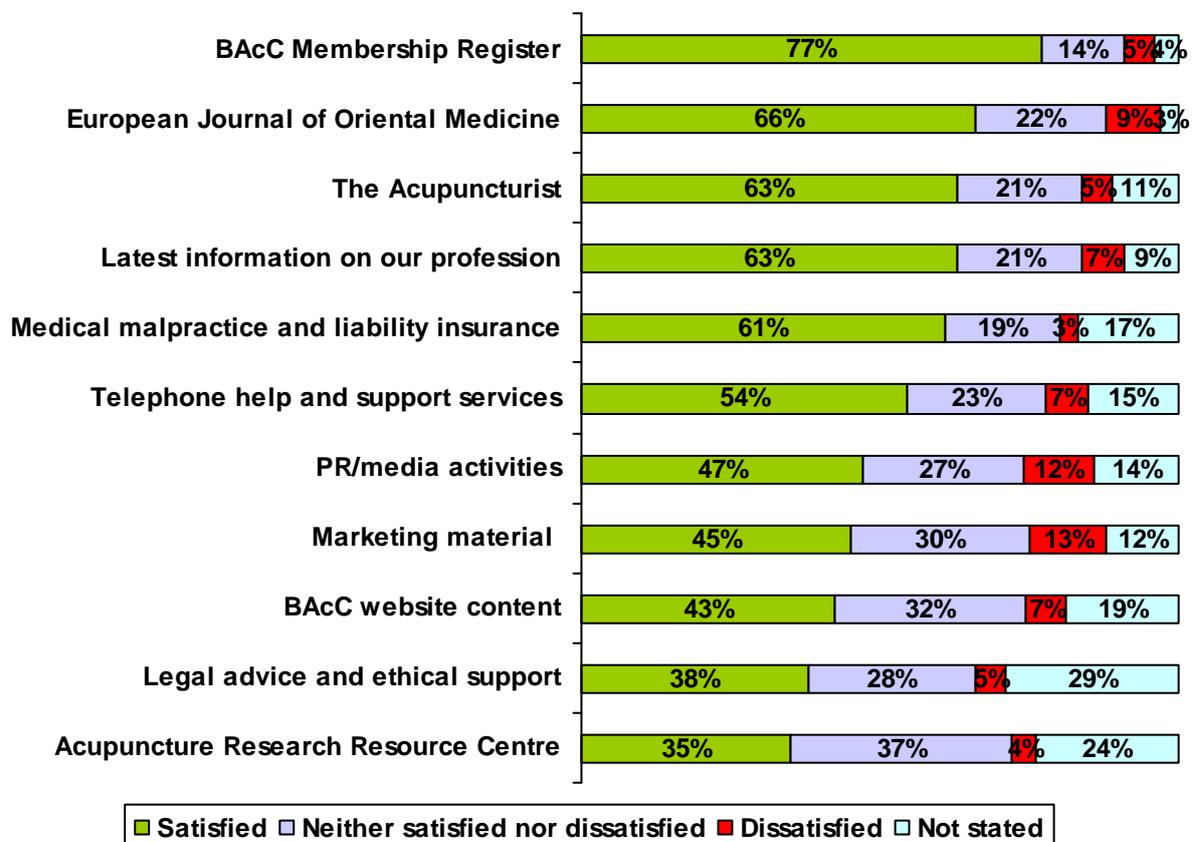
"I'd like to see the BAcC produce a few leaflets for specific conditions such as infertility and IVF which are really taking off. Instead of each practitioner creating their own it would be useful to purchase leaflets from the BAcC".

Female, 35-44, Yorkshire, 4 years in practice

Dissatisfaction levels tend to be low for the services asked about. The highest dissatisfaction is for marketing material produced by the BAcC (13%) and PR/media activities (12%).

Significant proportions are "neither satisfied nor dissatisfied" for many of the services including BAcC website content (32%) and marketing material produced (30%). This indicates a lack of knowledge of these services.

Q How satisfied are you with each of the following?



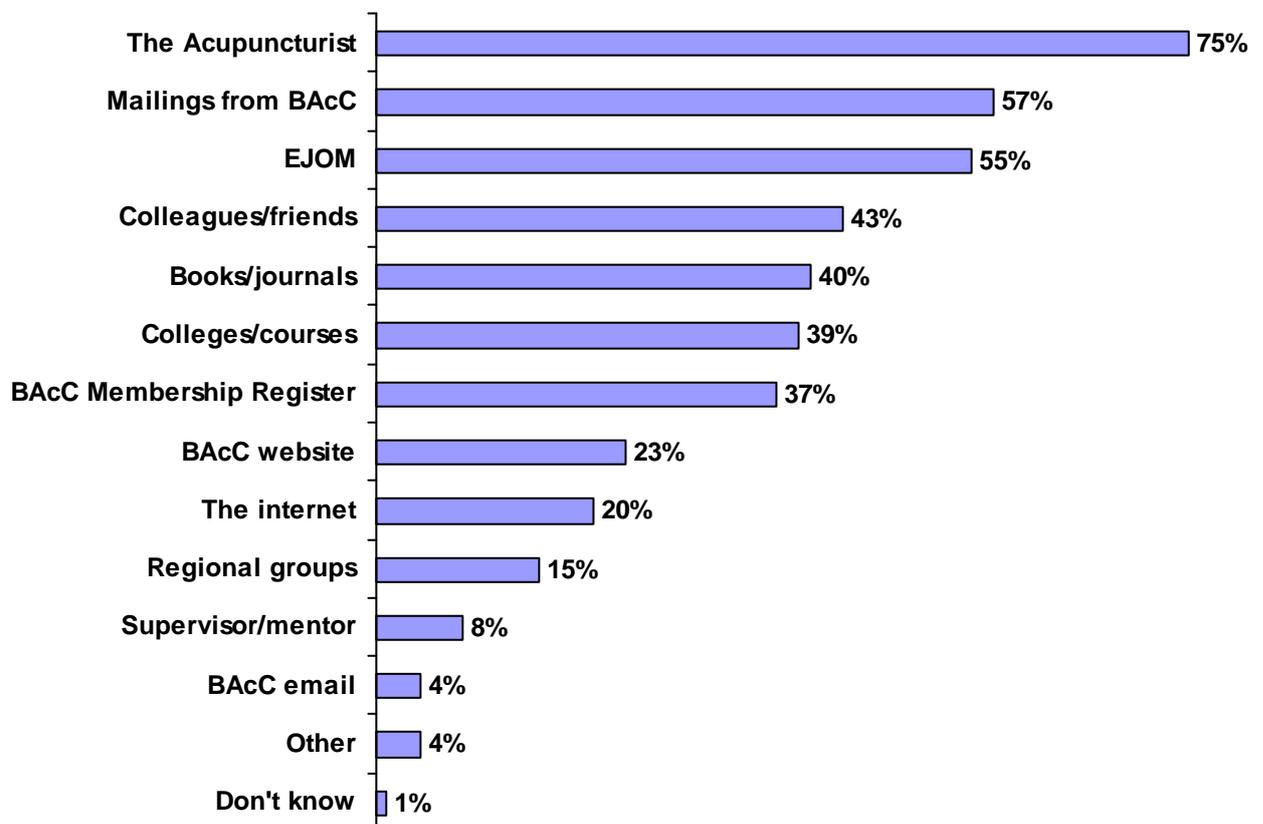
Base: All members surveyed (1012)

Methods of receiving information about the BAaC

The main way of receiving information about the BAaC and acupuncture is from "The Acupuncturist" (mentioned by 75%). Other much used sources are mailings from the BAaC and the "European Journal of Oriental Medicine" (EJOM).

Young members aged 18-34 are noticeably more likely than older members to use the BAaC website (34% of those aged 18-34 compared with 19% of those aged 45+). Those aged 55+ are particularly likely to refer to books/journals (47%) and to the Membership Register (48%).

Q In which of these ways do you receive most of your information about the BAaC and acupuncture?



Base: All members surveyed (1012)

The Future

Services which are important in a new association

Members were asked about services which it would be important for a new professional association to provide after statutory regulation. The three most important are “acting as advocate for standards of education in the profession” (86%), “offering the highest standards of professional insurance” (85%) and “providing advocacy/mediation/ representation in issues concerning practitioners” (83%). A full listing is given in the chart overleaf.

The large majority consider “acting as advocate for standards of education in the profession” and “offering the highest standards of professional insurance” to be **very** important (74% and 72%).

The activity considered least important is “business services/support” (43%). However, among younger practitioners aged 18-34 the proportion increases to 55%, indicating a need for these services among members who may not have an established practice.

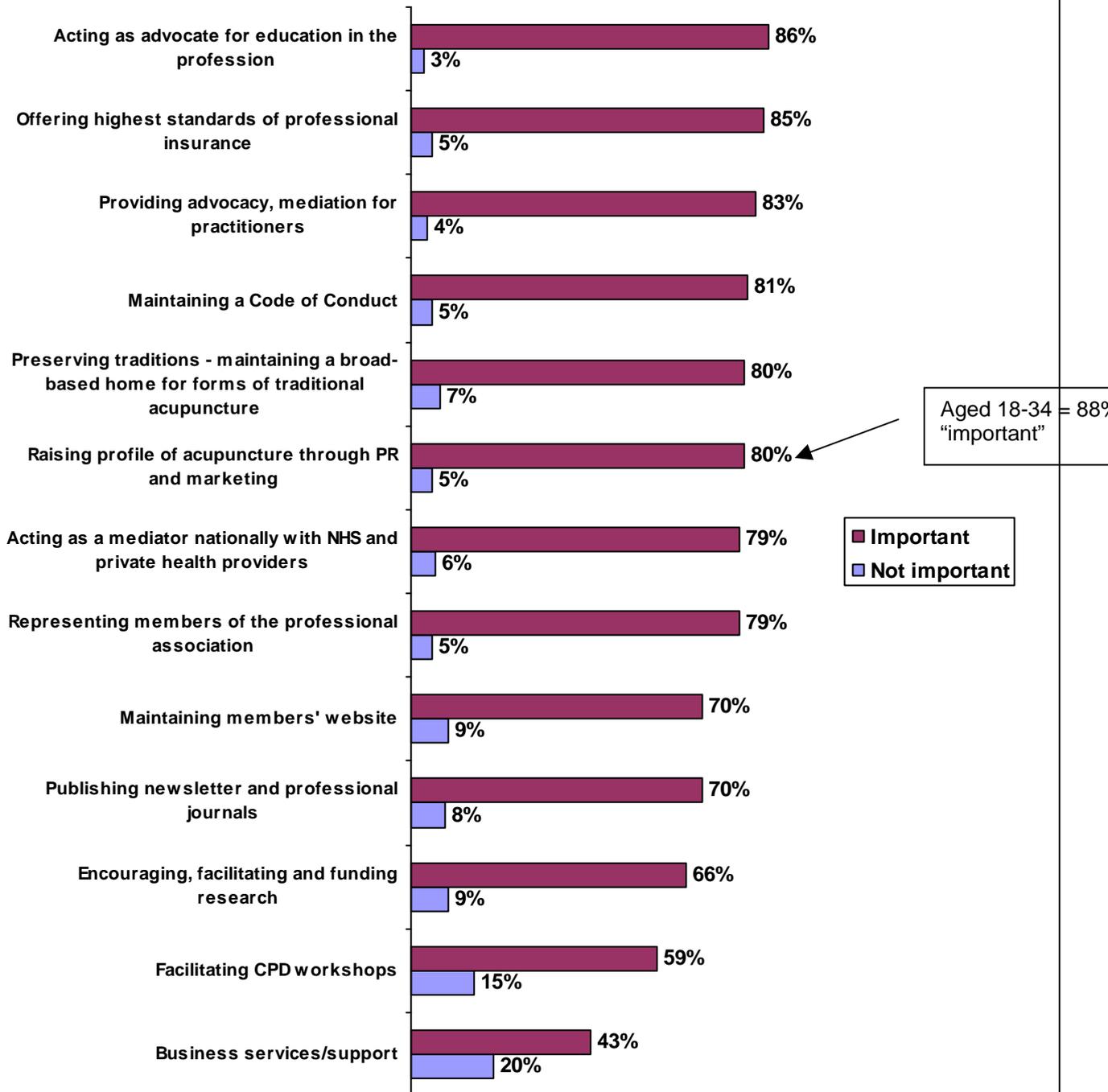
Similarly, the proportion of those aged 18-34 who consider PR and marketing activities to raise the profile of acupuncture to be important stands at 88%, significantly higher than the total.

“During my dissertation research it emerged that female patients are more influenced by the recommendation of a friend, and males by something they saw on TV or read. Therefore the PR and media work carried out by the BAcC is very important.” Female, 55-64, West Midlands, 11 years in practice

Members were asked what else BAcC might offer in a professional association and a few members made suggestions. The main mention is for the BAcC to publicise the difference between acupuncturists who have merely completed a short course and traditional practitioners.

What else might the BAcC offer?	
Make known the difference between short course acupuncture and traditional acupuncture	3%
Support/helpline/advice for members	1%
More effort to integrate acupuncture into NHS	1%
Sensible/cheaper yearly fee/discounts for part-time practitioners	1%
Help with business/legal issues/setting up practice	1%
Should be promoted more to the public/media	1%
Directory of practitioners	1%

Q The new statutory body may not provide practitioner services. Some of the services which could be provided by a professional association are listed below. Let us know how important they are by giving a rating between 1 and 5, where 1 = not important and 5 = very important.



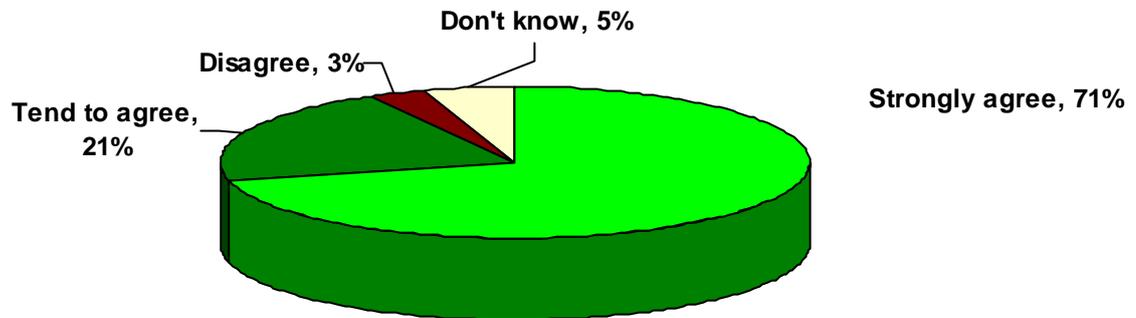
Base: All (1012)

Agreement with need for professional association after regulation

There is **strong endorsement** of the need for a professional association after statutory regulation. Over nine in ten agree (92%), with 71% saying they strongly agree. Just three per cent disagree with the need for a professional association. Women are more likely than men to agree with the need for a professional association (74% compared with 65%) and, as the table below shows, older members are more positive towards the idea than younger members.

"I strongly feel we should have an organisation to support and represent us."
Female, 35-44, overseas member, 13 years in practice

Q Would you agree or disagree that there is a need for a professional association of acupuncture practitioners after statutory regulation?



Base: All (1012)

Details

	Strongly agree
Total	71%
Gender	
Men	65%
Women	74%
Age	
18-34	59%
35-44	69%
45-54	73%
55+	75%

Likelihood of joining professional association

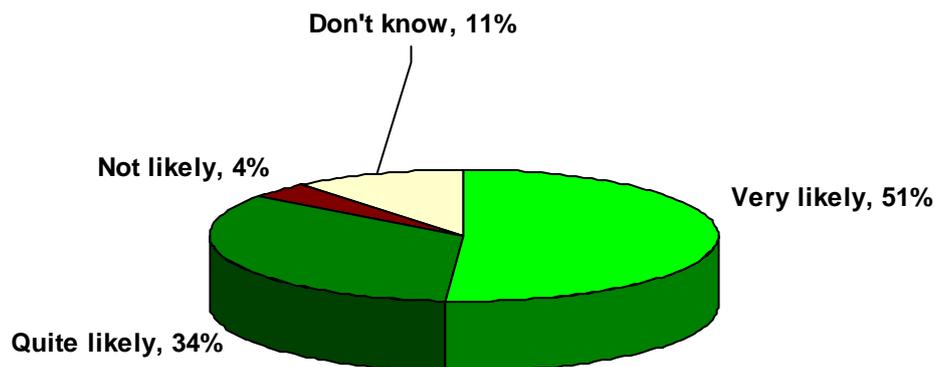
Half of members (51%) would be “very likely” to join a professional association while a further 34% would be “quite likely”.

The proportion “not likely” to join is 8% among those who have been practising for 16 years or more (just 3% among those who have been practising for a shorter time).

It may be that older practitioners nearing the end of their careers are less committed to the idea of joining a new association than those at the start of their professional lives.

“Getting old! Winding down a bit to semi-retirement.” Female, 55-64, West Midlands, 17 years in practice

Q If our professional association offered a substantial number of the services described, how likely or unlikely would you be to join?



Base: All (1012)

Details

	Very likely
Total	51%
Gender	
Men	47%
Women	53%
Age	
18-34	43%
35-44	49%
45-54	55%
55+	51%

Priorities for the new association to embrace

Members were asked to choose four priorities they would most like to see the new professional association embrace. The four top priorities are shown on the table below. It can be seen that members who have been in practice for 16 years or more identify “upholding traditional Chinese acupuncture values as practised for centuries” and “the promotion of the benefits of acupuncture and its widespread acceptance as a therapy” as their top priorities. Members who have been in practice for up to five years however, place importance on the promotion of the benefits of acupuncture and “supporting members’ needs through publications, legal advice, marketing and PR”.

It seems that members with less well established practices welcome the support that a professional association can give in building up their business. Members who have been in practice longer have less need for this service.

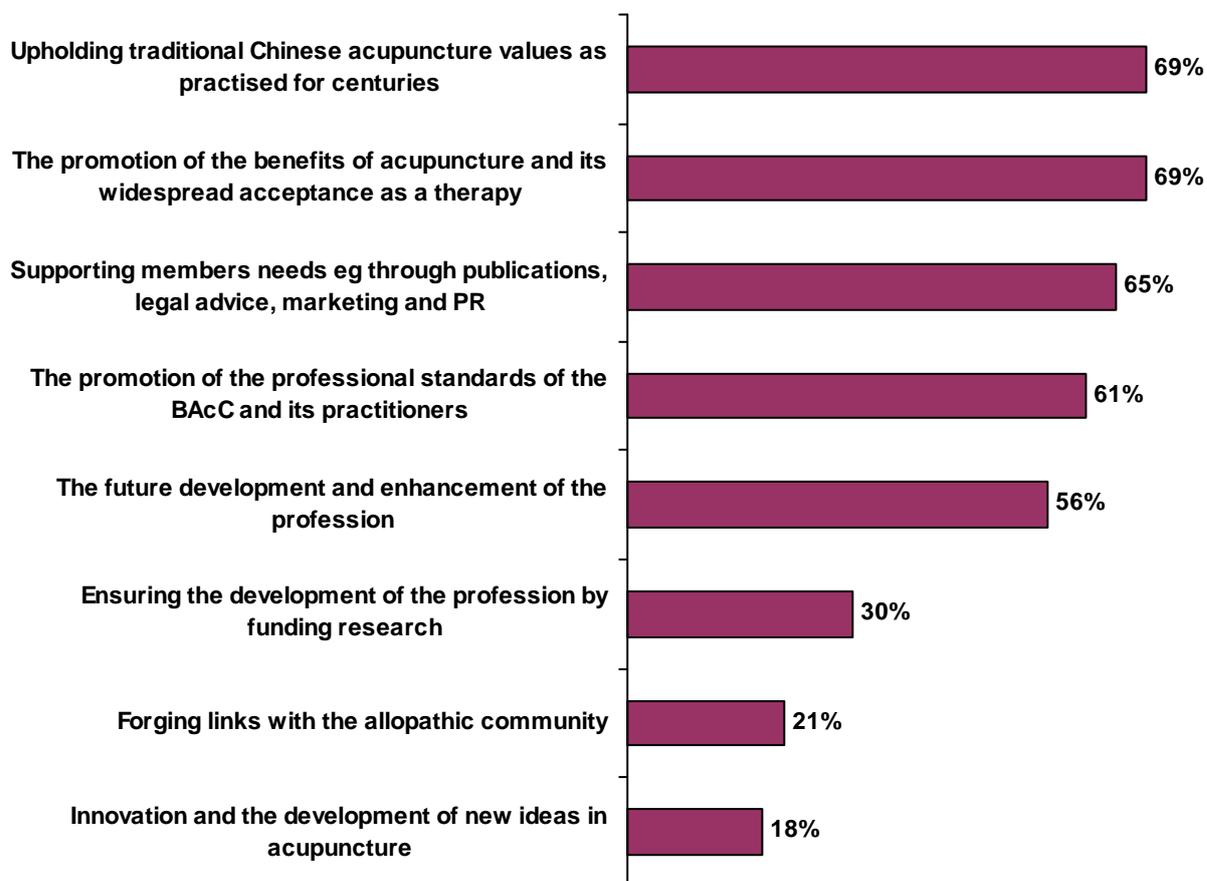
The full list of priorities is shown on the chart overleaf.

<i>Priorities...</i>	Years in practice			
	1 - 5	6 - 10	11 - 15	16+
Upholding traditional Chinese acupuncture values as practised for centuries	66%	70%	70%	72%
The promotion of the benefits of acupuncture and its widespread acceptance as a therapy	73%	72%	70%	64%
Supporting members’ needs eg through publications, legal advice, marketing and PR	67%	66%	71%	62%
The promotion of the professional standards of the BAcC and its practitioners	59%	63%	63%	61%

“I think the BAcC needs to fight really hard to create a regulatory body which influences the regulator and does not partner it. That influence must uphold the broad traditions of acupuncture as developed over the millennia.” Female, 35-44, 5 years in practice, London

“If the BAcC is going to move towards helping members develop their own practice rather than the unnecessary, unhelpful and ineffective regulation way of looking at things, this can only be good.” Male, 55-64, South East, 22 years in practice

“I feel very strongly that whatever form SSR takes traditional acupuncture has to be differentiated from other forms of acupuncture eg medical or ear acupuncture.” Male, 45-54, South West, 20 years in practice

Q Which four of the following priorities would you most like this new association to embrace?

Base: All (1012)

Message to BAcC

Members were given an open question in which to write their general comments about any issues facing acupuncture and the BAcC. Over 350 members took the chance to write something, yielding a varied range of responses. The following shows the broad themes emerging with illustrative comments for each type of answer:

Cost of membership of BAcC/new professional organisation

Many practitioners drew attention to the fact that the present cost of membership can seem high to part-timers, and when practitioners are asked to join both a regulatory body and a new professional association this may present problems. One practitioner who has been in business only two months suggested discount rates for those just starting out.

“Annual membership of the BAcC is currently £600 for most members. Once SSR comes in I fear that membership of whatever regulatory body is set up and whatever replaces the BAcC is going to be prohibitively costly for many members, especially those of us who are only able to work part time”. Female 55- 64, South East, 5 years in practice

“Membership fees are very expensive. In the long term this could lead to members joining other organisations. It is difficult to find especially after expensive college fees”. Male, 35- 44, South East, 3 years in practice

Need to defend traditional acupuncture

Many members call on the BAcC to stand up for traditional acupuncture in the face of interventions from the Government on the one hand, and from those who call themselves acupuncturists after just a short course on the other. However, most of those who comment have accepted that SSR will happen, even though they may not be in favour of it, and they call for the BAcC to fight to maintain the integrity of the profession.

“As an unwanted structure is going to be imposed on us we need to maintain our identity within that structure”. Male, 45- 54, South West, 20 years in practice

“I am very worried about the future of the profession and the manipulations of the government to undermine and control alternative medicine”. Female, 55 - 64, North West, 23 years in practice

Overcrowding in the profession

Some express concern that too many new practitioners are entering a saturated market:

“Currently there are too many colleges training too many students and giving them a false idea of what the reality of working as an acupuncturist is really like. They are giving them false expectations of how much work they can expect to do and how much competition there is.” Female, 45-54, South West, 4 years in practice

The acupuncture market is effectively saturated – take some responsibility to dissuade people from taking it up as a profession.” Male, 45-54, South East, 19 years in practice

Your Practice

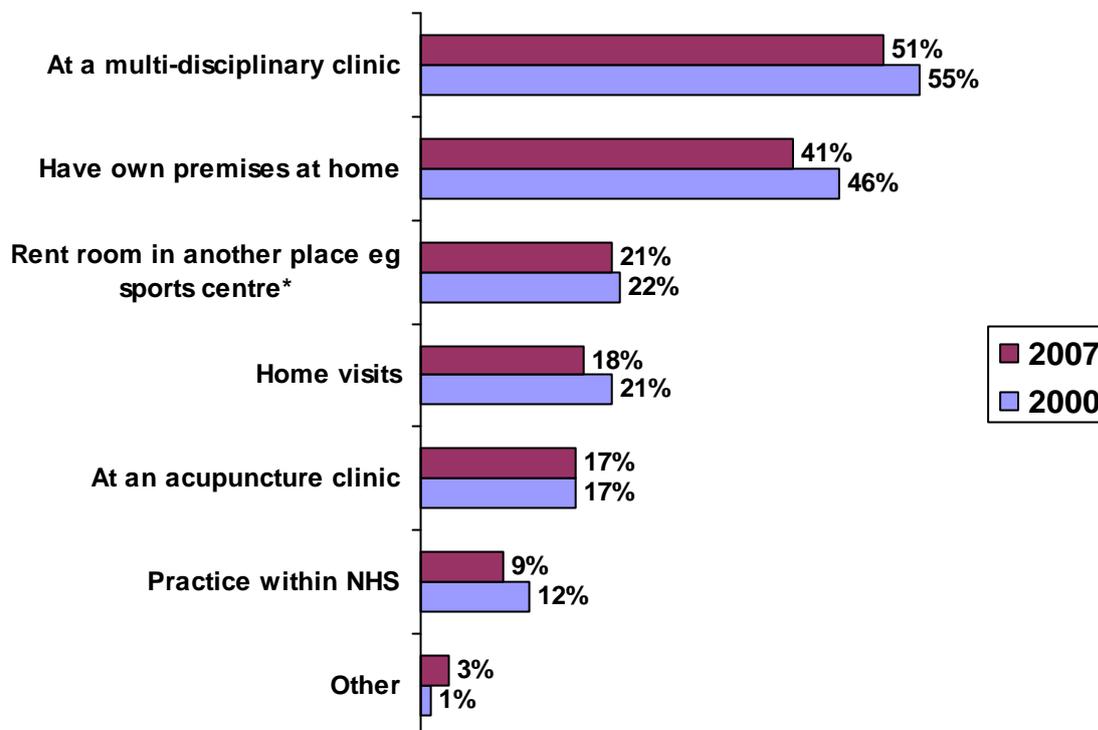
Place of practice

As in 2000, the main ways members practice is at a multi-disciplinary clinic or from their own premises at home. One in five rent premises at another place such as a sports centre or GPs surgery. A similar proportion make home visits while 17% work at an acupuncture clinic. The proportion who work within the NHS stands at 9% (12% in 2000). Members may ofcourse practise in more than one location.

Younger members aged 18-34 are more likely to work in a multi-disciplinary clinic than older members (63% compared with 47% of those aged 45+). Among those aged 45+, half (49%) have their own premises at home, compared with just 25% of those aged 18-34.

The proportion who practice within the NHS rises to 16% among those who are London-based. Among those who practice within the NHS, 36% work in a hospital, 35% at a GP practice, 11% at a pain clinic and 6% in a hospice. Four in five of those who work in the NHS are paid for their work (79%). Just a fifth of those who work within the NHS (21%) say that acupuncture is extra to their main NHS activity, while the majority (76%) disagree.

Q Where do you practice as an acupuncturist?



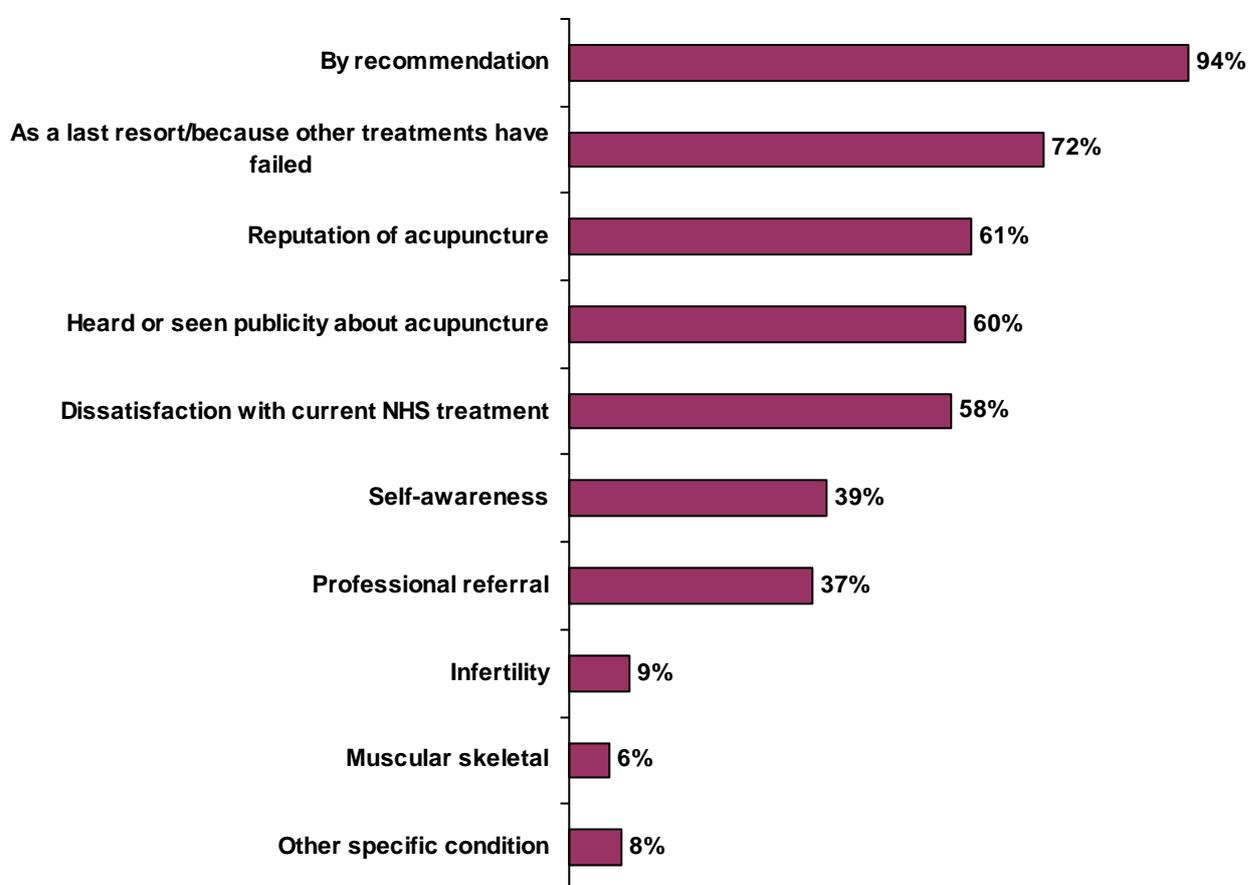
* Asked as "Have own premises away from home" in 2000
Base: 2000: 860 2007: 1012

Most common reasons patients seek help of acupuncturist

Recommendation is the main source of patients for the vast majority (94%). Patients also turn to acupuncture when other treatments have failed (72%) or because they are dissatisfied with the NHS (58%). The reputation of acupuncture is important in attracting new patients, as 61% say patients come because of the reputation of acupuncture and 60% because patients have heard or seen publicity.

Publicity is less important to those who have been in practice for 16 years or more.

Q What would you say are the most common reasons your patients seek the help of an acupuncturist?



Base: All (1012)

Reasons...	Years in practice			
	1 - 5	6 - 10	11 - 15	16+
Recommendation	89%	94%	95%	98%
As a last resort	73%	78%	68%	67%
Reputation of acupuncture	51%	65%	64%	67%
Heard or seen publicity about acupuncture	62%	63%	64%	54%

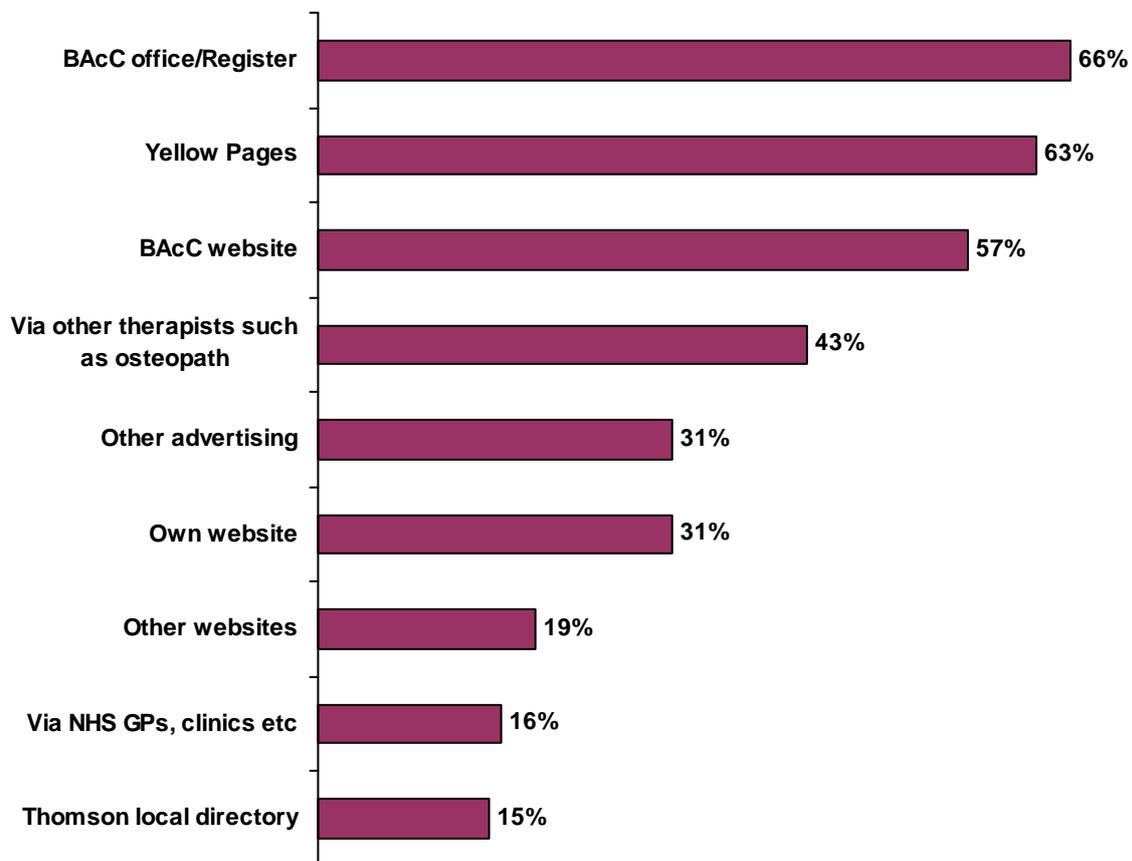
Marketing tools used

The main methods of marketing are via BAcC services such as the Register (66%) and the website (57%). Yellow Pages is also important (used by 63%). One in three (31%) have their own website, and this proportion rises to **51%** of those aged 18-34.

Members who have been in practice for up to 5 years tend to depend on the BAcC services for marketing while those who have been in practice longer rely on Yellow Pages and tend to use all marketing to a lesser extent.

Members were asked to name the single most important source of new patients: for 85% it is recommendation.

Q How do you market your services as an acupuncturist?



Base: All (1012). Methods of marketing mentioned by fewer than 10% have been excluded.

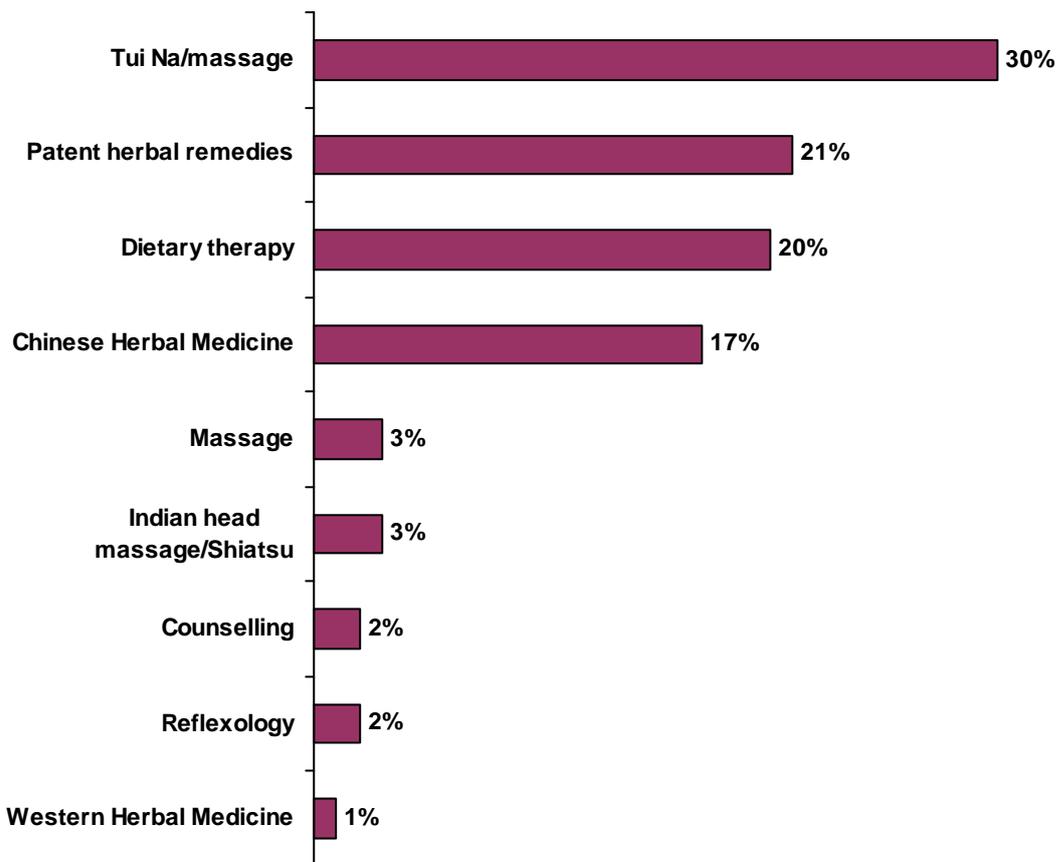
Marketing used...	Years in practice			
	1 - 5	6 - 10	11 - 15	16+
BAcC office/Register	72%	71%	66%	58%
Yellow Pages	57%	68%	67%	64%
BAcC website	65%	65%	57%	44%
Via other therapists	45%	42%	43%	42%
Own website	39%	30%	28%	26%

Other therapies practised in conjunction with acupuncture

The main therapies practised in conjunction with acupuncture are Tui Na/massage, patent herbal remedies, dietary therapy and Chinese Herbal Medicine.

The proportion of younger practitioners who practice Tui Na/massage is noticeably higher than the proportion of older practitioners (44% of those aged 18-34 compared with 24% of those aged 55+).

Q What if any other therapies do you practise in conjunction with acupuncture?



Base: All (1012). Other therapies mentioned by fewer than 1% have been excluded.

Costs

Charges for treatment

The average charge for initial treatment has increased from £33.60 in 2000 to £46.61 in 2007 (an increase of just over a third). The average for follow-up treatment has increased from £26.40 to £35.21 (again about a third).

The average for initial treatment in London is high compared with other regions. London-based members charge on average £53 for an initial treatment, compared with £46 in other regions.

Members who have been in practice for 16 years or more tend to charge more than those who have been in practice for up to 5 years only, but the difference is not marked (£48 versus £46 for an initial treatment).

Q How much, on average, do you normally charge for treatment?

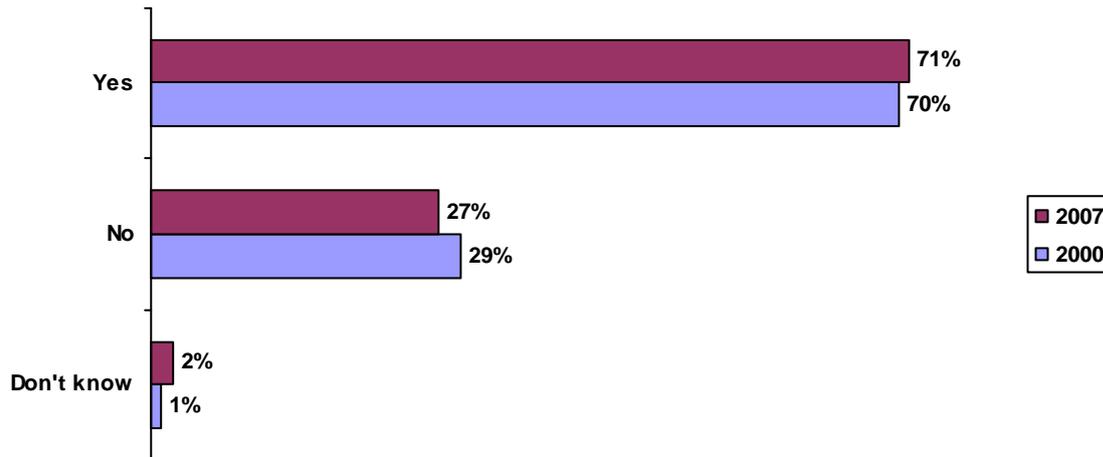


Base: 2000: 860 2007: 1012

Main source of personal income

As in 2000, acupuncture is the main source of *personal* income for seven in ten members. The proportion rises to 88% among those members who give 16 or more treatments a week.

Q Is your acupuncture practice your main source of personal income?



Base: 2000: 860 2007: 1012

However, it is not the case that acupuncture is the main source of *household* income for most members. Almost three in five (58%) report that their acupuncture practice is not their main source of household income. The proportion is higher among women and members aged 18-34. The former group may be working part-time due to childcare and other commitments, while younger members may be struggling to build up their practice.

"Two small children aged four and six." Female, 35-44, 5 years in practice, London

Q Is your acupuncture practice the main source of income for your household?

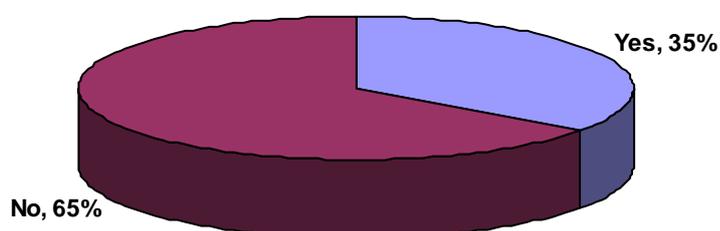
	Yes	No
Total	38%	58%
Gender:		
Men	49%	48%
Women	33%	63%
Age:		
18-34	26%	73%
35-44	38%	59%
45-54	40%	56%
55+	43%	54%

Your Professional Development

Attendance at BAcC conference

One in three of the members surveyed (35%) have attended a BAcC conference in the last three years. The proportion is higher among those based in London (43%) and among those who have been in practice for up to five years (39%).

Q Have you attended a BAcC conference in the last three years?



Base: All (1012)

The main reasons for not attending are that members have other commitments (48% of those who have not attended a conference), that they do not find the location convenient (40%) and they do not find the time convenient (39%). Among members in the North, the inconvenience of the location is the main reason for non-attendance (56%).

Other reasons are that the cost is too high (21%) and the subject matter is not appealing (18%). Cost is mentioned by a third (33%) of those aged 18-34.

Three annual BAcC regional conferences is the preferred option among members in the North. This is preferred by 43%, slightly higher than 41% preferring one conference.

Q Please state your preference for future BAcC conferences?

	Total	North	Mid-lands	South East	South West	Lon-don
<i>Base:</i>	1012	160	176	224	137	208
One annual BAcC conference	57%	41%	60%	63%	66%	58%
Three annual BAcC regional conferences	20%	43%	16%	13%	18%	11%
One annual joint conference with other associations eg chiropractors	5%	3%	3%	7%	1%	9%
Three annual joint conferences	1%	1%	1%	1%	2%	0

Don't know	16%	12%	19%	15%	12%	18%
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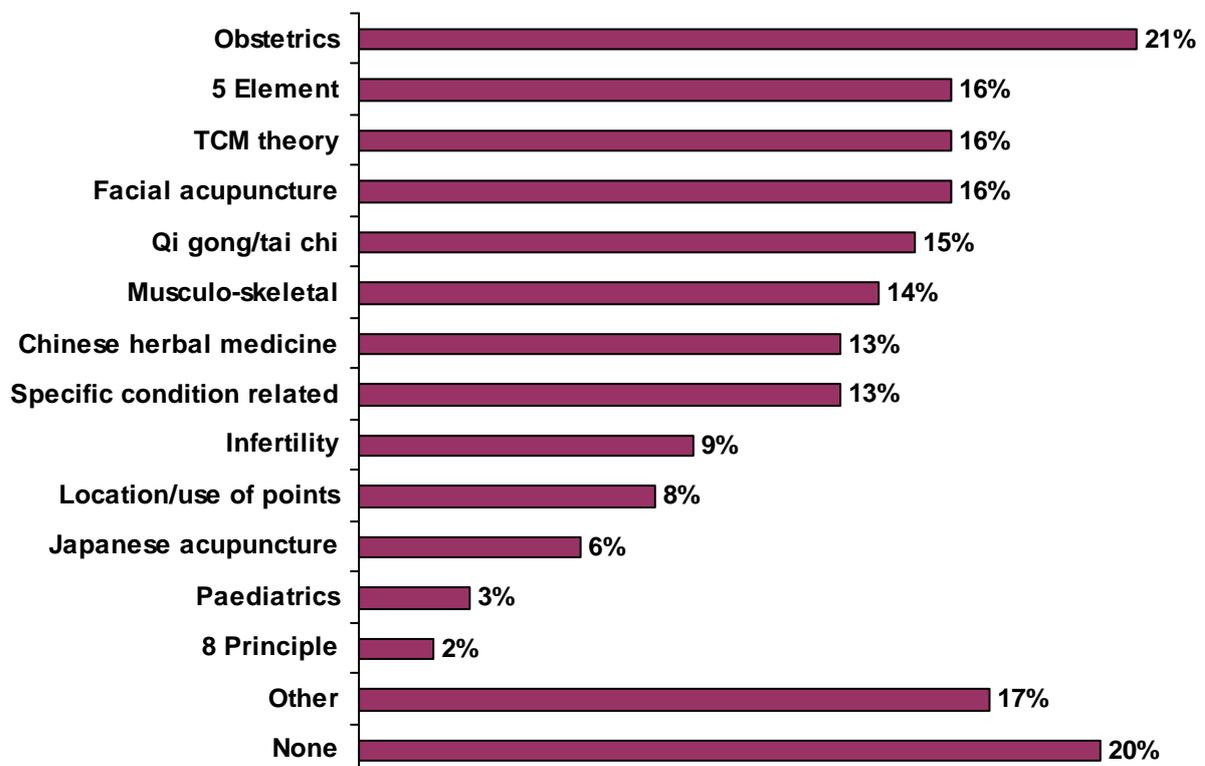
Training over past year

Four in five members (80%) have attended a training course over the past year. A relatively high proportion of members who have been in practice for 1 to 5 years, 6 to 10 years and 11 to 15 years have attended training courses (84%, 87% and 84% respectively). Among those who have been in practice 16 years or more, however, the proportion drops to around two-thirds (69%).

Attendance at training courses is more common among London-based practitioners surveyed than among those based in other regions (85% in London compared with 76% in the North and 77% in the Midlands).

Infertility appears to be an emerging area for training, particularly among women (11% have attended a training course on the subject) and those who have been in practice 6 to 10 years (13%). Obstetrics was the most popular course, attended by one in five. It appealed in particular to women (26%) and young people aged 18-34 (31%).

Q If you attended any training course over the past year, what was the content of the course you attended?



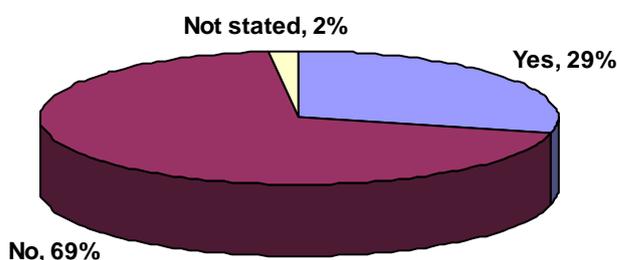
Base: All (1012)

Attendance at Regional Group meetings

Three in ten of the members surveyed (29%) attend RG meetings. There is noticeable difference by region here, with the proportion higher in the North (45%) and the South West (41%). Levels of attendance fall to 19% in the Midlands and just 12% in London.

Those who attend were asked how frequently. Just under half (44%) attend at least once every three months, while a quarter attend about once a year (24%) and a small minority (7%) attend less often. Around one in five say that attendance varies (22%).

Q Do you attend Regional Group (RG) meetings?



Base: All (1012)

Those that do not attend were asked why not. The main barrier is “other commitments”. “None in my area” is mentioned by 21% in the South East, and “location not convenient” is a problem for 43% of non-attenders in the South West.

The time of RG meetings is a barrier for men (37%) rather than women (25%).

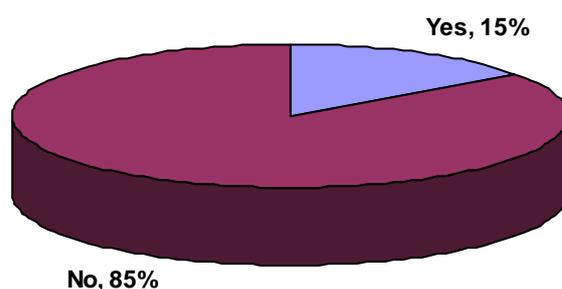
Q If not, please say why not.

<i>Base: All who have not attended RG meetings</i>	<i>(696)</i>
Other commitments	40%
Time not convenient	29%
Location not convenient	22%
Subject matter not appealing	14%
None in my area	14%
Cost too high	3%
Other	7%

Involvement in research

Fifteen per cent are involved in acupuncture research. A full list of the varied subjects of research is given in the appendices. The proportion engaged in research is higher among men than women (19% versus 12%), those based in London (20%) and those who have been in practice for 16 years or more (20%).

Q Are you involved in research on acupuncture?



Base: All (1012)

Lack of time is the main barrier to research, followed by a lack of interest. For members who have been in practice for up to 5 years, lack of finance and lack of patient numbers are significant disincentives (25% and 28%).

Q Are there any factors stopping you being involved in acupuncture research?

<i>Base: All</i>	<i>(1012)</i>
Lack of time/too busy	40%
Not particularly interested in doing research/more research	27%
Not enough patient numbers	17%
Cannot afford to/lack of finance	18%
Do not know what subjects to focus on	9%
Lack of incentive/do not see it as having value	7%
Other	6%
None	2%
Don't know	19%

Attitudes to Acupuncture

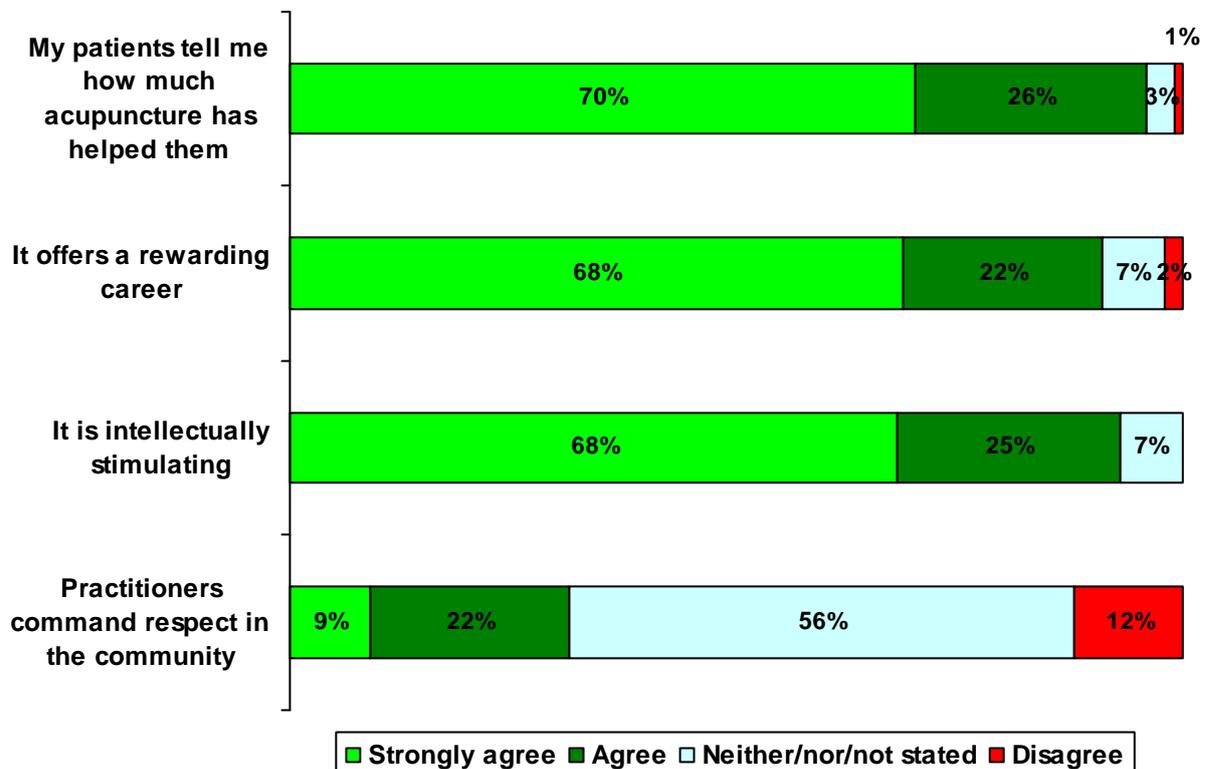
Positive aspects of practice

Almost all members surveyed agree that their patients tell them how much acupuncture has helped them. Seven in ten agree strongly with this view. This appears to be one of the most satisfying aspects of the profession. Just a handful of practitioners disagree. A higher proportion of women than men strongly agree with this statement (73% versus 66%). It is noticeable that a lower proportion of those who have been practising for up to 5 years agree strongly than those who have been in practice longer (58% of those who have been practising for up to 5 years, versus 74% of those who have been practising 6 to 15 years, and 78% of those in practice for 16 years or more).

There are high levels of agreement with the statements that acupuncture is “a rewarding career” and is “intellectually stimulating”. Hardly anyone expresses disagreement.

The one positive statement about which members have mixed feelings is “practitioners command respect in the community”. The majority (56%) are neutral, while 29% are positive and 12% negative. However, agreement is higher among those aged 55+ (39%).

Q From your own point of view, how much do you think each of the following applies to acupuncture as a profession?



Base: All members surveyed (1012)

Negative aspects of practice

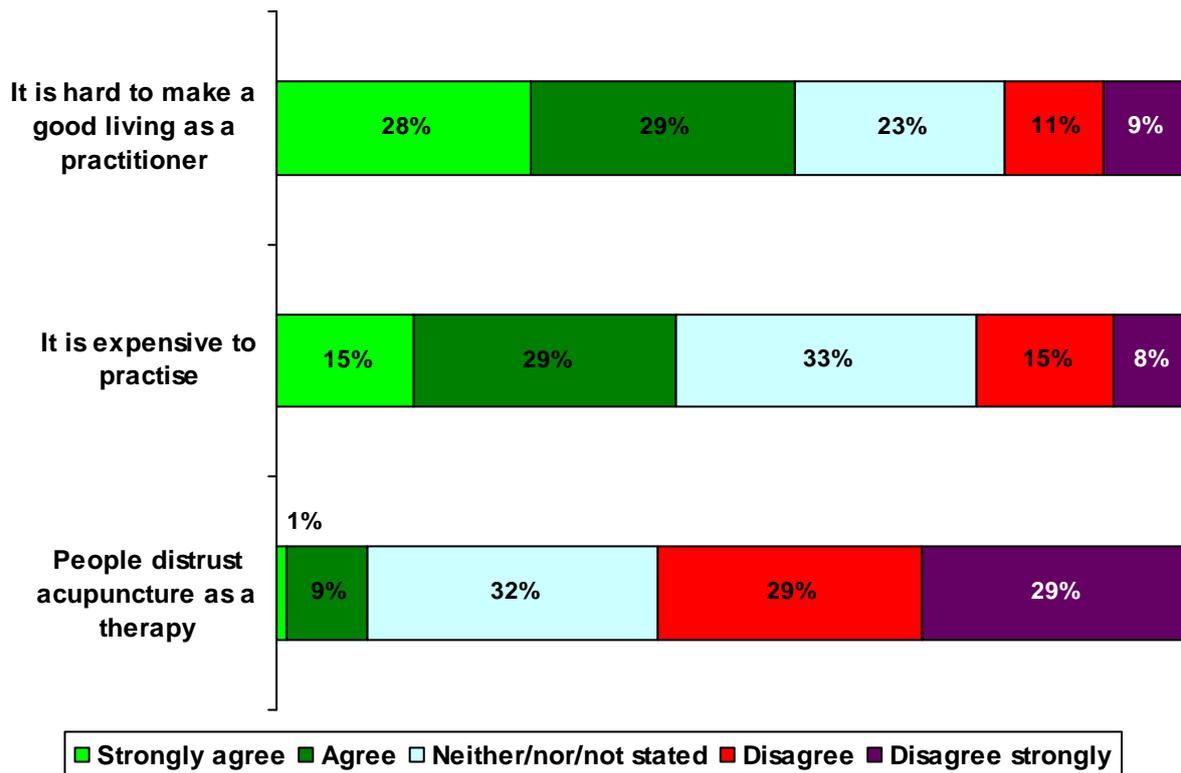
Almost three in five members surveyed (57%) agree that “it is hard to make a good living as a practitioner”. The proportion is higher among those members who have been in practice for up to 5 years (67% agree). The proportion drops to 47% among those in practice for 16 years or more. Just one in five disagree, and levels of disagreement are highest among those who give 26 or more treatments a week (40% disagree).

Just under half (44%) think it is expensive to practise, and again, proportions are higher among those who have been in practice for up to 5 years (51%).

Just one in ten agree that “people mistrust acupuncture as a therapy.” The majority (58%) disagree with the statement. The following comment gives one view on the credibility of acupuncture, and calls upon the BAAC to defend the therapy. However, it should be remembered the majority of practitioners feel people trust acupuncture as a therapy.

“The credibility of acupuncture in the community is eroding in the face of exciting scientific medical discoveries. The BAAC must promote as does the pharmaceutical industry”. Male, 55 64, East, 26 years in practice

Q From your own point of view, how much do you think each of the following applies to acupuncture as a profession?



Base: All members surveyed (1012)

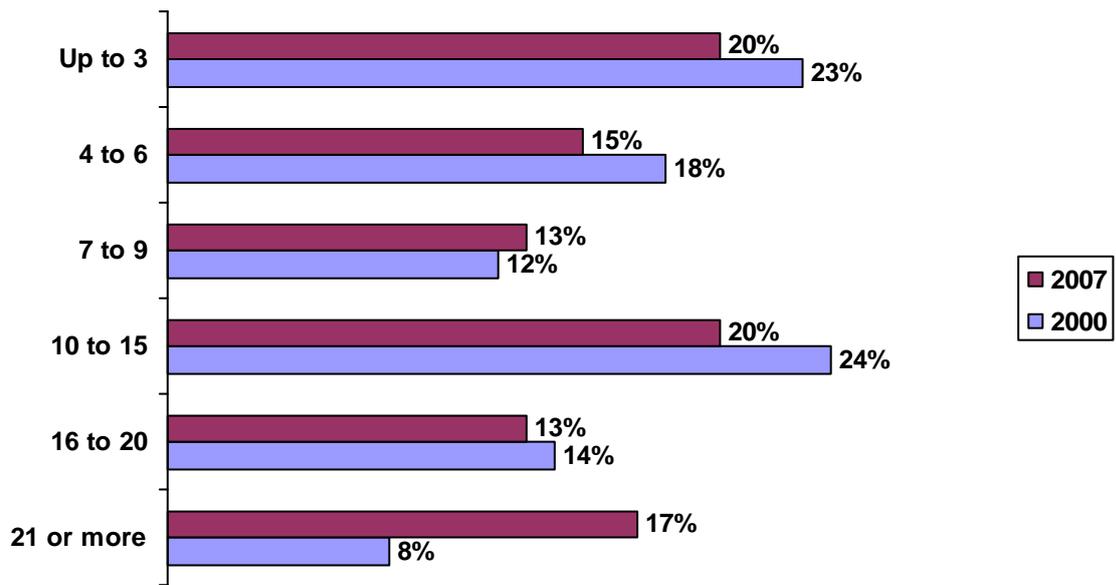
Sample profile

Years in practice

The main change since 2000 is an increase in the proportion of members who have been in practice for 21 years or more (up from 8% to 17%). The average number of years has risen from 10 to 12. There is a smaller proportion in practice for 6 years or less (41% of members in 2000, but now 35%).

There is a clear division by gender. Just over a quarter of male practitioners surveyed have been in practice for 21 years or more (27%); among women practitioners the proportion is just 12%. At the other end of the scale, 22% of female members surveyed have been in practice for only 3 years or less. This indicates that new recruits to the profession tend to be women, while a larger proportion of long-standing practitioners are men.

Q How many years have you been in practice?

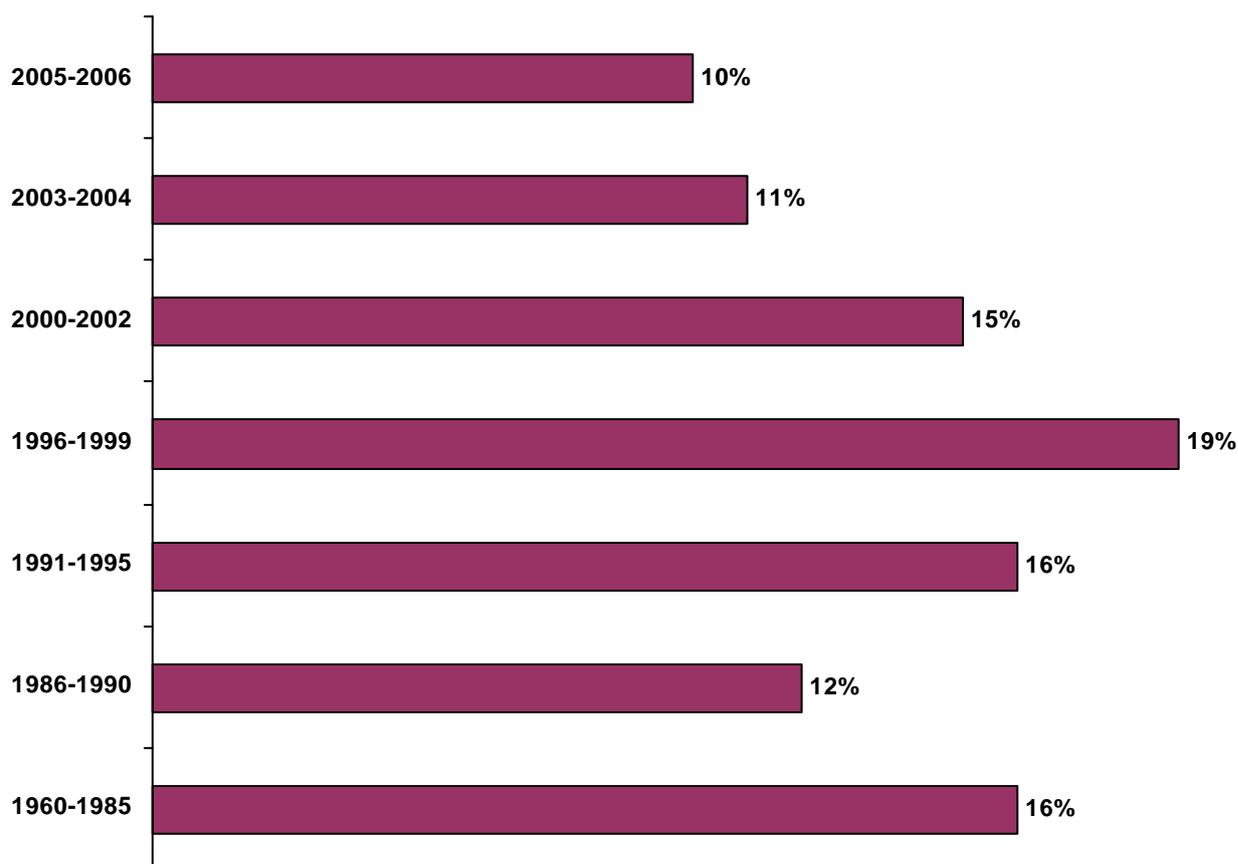


Base: 2000: 860 2007: 1012

Year completed initial acupuncture course

Sixteen per cent of members qualified over 20 years ago (before 1986). The proportion of members who have qualified since 2000 is just over a third (36%). Reflecting the finding from the previous question, a higher proportion of men than women qualified over 20 years ago (28% versus 11%).

Q In what year did you complete your initial course of acupuncture education?

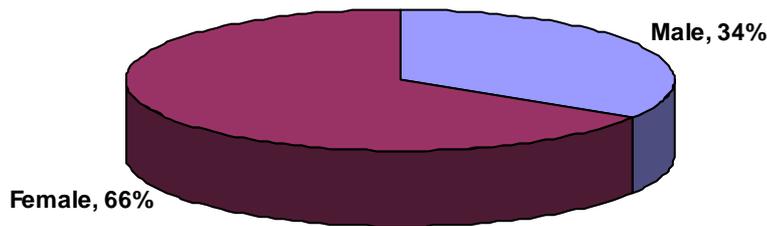


Base: All (1012)

Gender and age

The proportion of male practitioners surveyed has decreased from 42% in 2000 to 34% in 2007. Three-quarters of those who have qualified in the last two years are women (78%), contributing to the increase of women in the practitioner profile.

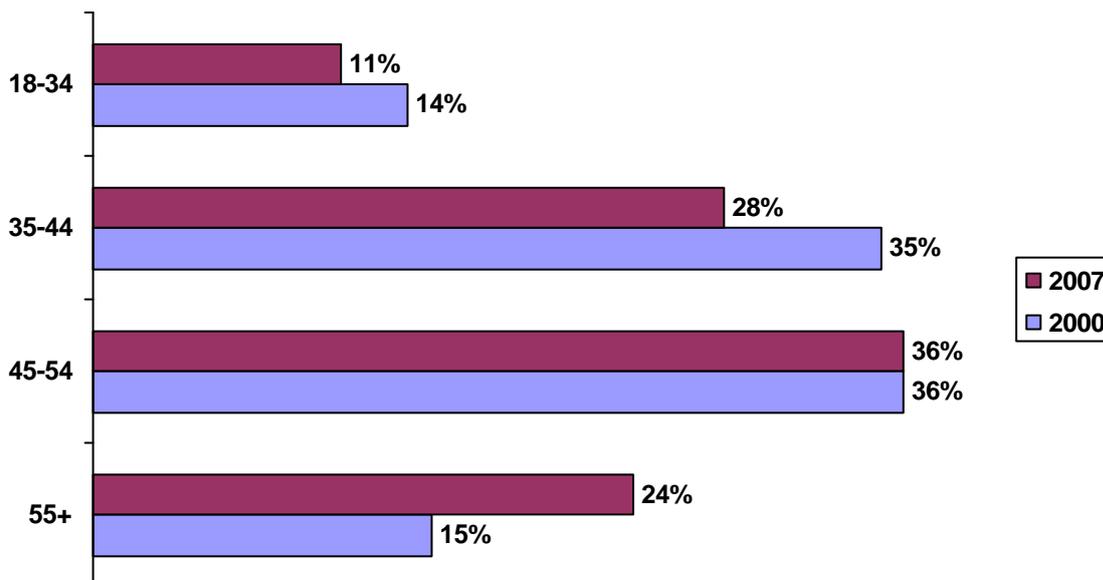
Q What is your gender?



Base: All (1012)

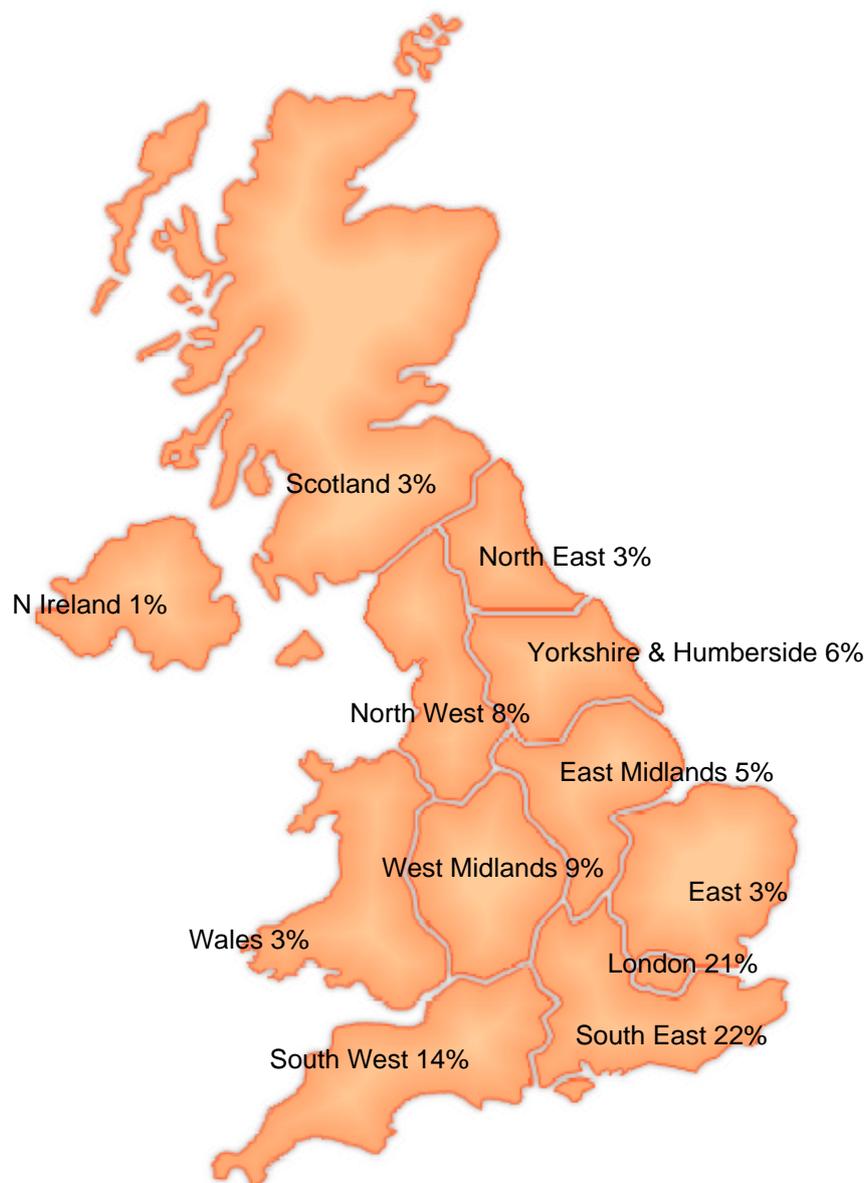
The proportion aged 55+ has increased from 15% to 24%. The average age of members is now 47. Male practitioners tend to be older than female; 31% of men are aged 55+, compared with 20% of women. The “18-34” category is mainly made up of those aged 25-34; just three members are aged between 18 and 24.

Q What is your age category?



Base: 2000: 860 2007: 1012

Region



Base: All (1012)

A third of members surveyed (33%) practise in London or the South East. Three per cent of those surveyed practise outside Britain.

Just over two in five members (43%) report that they practise in an urban area; a quarter (24%) describe their area as suburban while 20% say it is semi-rural and 12% rural.

Appendix

What else might the BAcC offer in a professional organisation?

	Number of mentions
Yearly conferences	10
International networking	6
Professional club/body	5
Political lobbying	5
Stop acting as a money making machine	5
Local groups/meetings/seminars	4
Courses/course supervision	4
Membership benefits(Pensions, mortgage deals)	4
CPD	4
Job vacancy agent/networking employment	3
Provide help to develop/maintain standards	3
Social interaction	3
More educational/better website	3
List of acupuncture suppliers	2
How to deal with environmental health officers	2
More help in dealing with NHS	2
Protect title of Acupuncturist	2
First aid Course	2
Minimal interference with profession	2
Regular communications	2
Headquarter building	2
Act like "BMA"	2
Travel trips	2
Archive function	2
Independence from government	2
Offer support for regional networks	2
Members forum through website	2
Support special interest groups	2
ONE MENTION ONLY	
Merchandising	
Sponsorship and bursaries	
Chinese herbal association to be integrated with BAcC	
Lobby for holistic acupuncture	
CRB checks	
More publications	
Stop GPs from taking us over	
Practitioners to undertake the Hippocratic oath	
Establish clinical evidence base	
Show inspirational leadership	
Library of books for borrowing	
The option to develop your own CPD	
Maintain spiritual and traditional freedom	

No aspect of encouraging, facilitating, and funding research is well done at the moment

A members/staff welfare committee

Awards for best practice

Promote safety of acupuncture

Make clear whether BAcC is for the promotion of acupuncture or for the support of acupuncturists

Protect us from the regulatory body

Representations to the new body

Mechanism to evaluate CPD events

Freedom to choose your own insurance company

Development of individual or group practice

Charity work

Access of funding

Home & abroad projects

Lower student membership

Statutory self regulation

Support for overseas practitioners who are UK trained

Enforce the code of conduct

Research into traditional acupuncture

Be much more democratic/accountable/reflecting members needs/concerns

Vision for the future

More balls!

Invite members to important discussions

Rotate leadership and members of the board

Democratic vote based decisions

What is the subject of your research?

	Number of mentions
Infertility	10
Audit practice /self audit	9
Moxibustion to turn breech babies	5
Obstetrics	4
Depression	4
Musculo Skeletal investigation	3
Parkinsons disease	3
Pain needling sensation	2
Hot flushes & night sweats as side effects of adjuvant treatment for cancer	2
Post natal depression	2
Evaluating change in patients referred by GPs	2
TCM acupuncture	2
Auricular acupuncture	2
Review my own work (causes, after effects, is there a pattern)	2
Supervise students	2
Outcomes	2
Use of alkabanes as indicated on the pulse	2
Toyohari acupuncture	2
Pain control/management	2
Arthritis	2
Ear acupuncture	2
Birth	2
Pulses	2
Diabetes	2

ONE MENTION ONLY

Acupuncture provision by medical and non medical trained practitioners
 Rehabilitation
 The effectiveness of acupuncture in the context of primary care
 ARRC
 Scalp acupuncture
 Fibromyalgia
 Neurological and orthopaedic
 Standard practice of acupuncture
 Setting up MYMOP questionnaires
 Menopause
 Cancer
 Rheumatology
 Various
 Asthma
 Paediatric acupuncture
 Intuitive treatment
 5 element treatment and its use in the NHS
 Acupuncture with Qi Gong
 Irritable bowel syndrome

Cupping
Electro therapy on low back pain
Predicting development of complex regional pain syndrome
Investigation of effects of magnets after Manaka
Subtle electromagnetic energies of the body
Needling effect
How acupuncture is used in Cuba
Migraine & headaches
Quiescent Crohns disease
Stroke
Cupping therapy in inflammatory conditions
Dissertation supervisor for CTA
Ulcerative colitis
Concepts of electro acupuncture
Fall prevention for elderly
Effect of blindness on palpatory skills
Menormagia
Cystic fibrosis and acupuncture
Osteoarthritis of the knee
Needle sensation-differentiation
Morning sickness
Stop smoking
Practitioners choices of acupuncture points
Theoretical
Effects of acupuncture on reduction of operative anxiety during cataract surgery
Appetite
CM explanatory model
Osteoarthritis
Hot flushes
The effects of acupuncture on I.B.S.
How acupuncture works
Patient treatment outcome
Formative acupuncture
Moxibustion
As a facilitation for students
Ankylosing spondylitis and benefits to QOL following TCM acupuncture regimen
Different subjects
My own database of conditions treated and outcomes
An investigation into coloured light therapy and its application to Chronic Fatigue syndrome
Bipolar disorder
Oncology
Frequency of bleeding from points in the NADA auricular
Acupuncture protocol in service users at a homeless night shelter
Gynae related problems
Kings Fund money for five element trial with Exeter University
Geriatrics
How western patients receive the workings of acupuncture
Women's health
Dysphasia

The energetic link between the health of children and their parents
Study to assess the non specific effects of acupuncture on patients suffering
osteoarthritis of hip/knee
Feasibility study of modelling of human moxidion systems
Frozen shoulders
Research supervisor for MSc
Japanese acupuncture
Chair of O.M.R.T.
Addiction
Subtle therapeutic impacts of Qi using quantitative markers
Research teaching
The use and effect of water in the treatment of back pain
Dissertation supervisor
Professional development and education
Writing a book
Effects of electromagnetic radiation on acupuncture type responses
MPhil/PhD
Practitioner treatment of low back pain

Caveat

As with all of ORB's work, the findings of this research study must only be published (including via a press release) having first gained our approval. Such permission would only be withheld on the grounds of inaccuracy or misrepresentation of the findings.

We do this a) to ensure that our professional image is not compromised and b) as a requirement of the Market Research Society Code of Conduct (to which we subscribe). It states that "The researcher must ensure that there are measures in place to check and agree any reporting of the research results. The researcher has a responsibility to the public to ensure that the reporting accurately reflects the results of the public opinion research."