Reviewer's report

Title: Integrating complementary and alternative medicine into mainstream healthcare services: the perspectives of health service managers

Version: 1 Date: 23 January 2014

Reviewer: Sandra Grace

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Major compulsory revisions

1. Methods section: The methods are well described. The first sentence needs qualification because it suggests that a particular methodology, namely that of Singer and Adam, has been used. However, this is not evident in the description that follows.

2. Results section: There are some interesting and important findings that tend to be buried in the results. I'd like to see more concise and focused presentation of the results which at the moment seem repetitive and tend to meander. For example, the first part of the Results dealing with the overarching theme of CAM enhancing the holistic capacity of health care services could simply have an introductory paragraph followed by the section on 'Treating the whole person' to avoid repetition. Diagram 1 was a great help.

More could be made of the CAM and psychology/social work in the findings. For example, the point about 'bringing the body into focus through CAM approaches' on the bottom of p14, and made elsewhere (e.g. quotation at the bottom of p18) could be highlighted. Other interesting findings include the use of CAM for health promotion as a strategy to facilitate acceptance of CAM (bottom of p15), and the use of CAM by some groups to bridge the gap to mainstream health care.

3. Results section: In some sections quotations given to support themes may be more appropriately used in another section. For example, the quotation on the bottom of p11 'We take a holistic approach to … may not be enough' (CHS3) could have just as well been located in the trauma section.

4. Results section: The quotation on the top of p12 contains a reference to CAM being about 'supporting the body to health itself'. This is a new concept that doesn’t belong in holism. A discussion of holism is called for in the introduction.

5. Results section: The quotation at the bottom of p12 is redundant because we’ve learned already in the Methods that one IHC had integrated CAM over 30 years ago.

6. The reason why services for CAM were free or low cost is not explained. How are these services funded?

Minor essential revisions
7. Background section: p4 Amend bracket [For example 1, 2-4]

8. Methods section: first paragraph p6. For consistency, change 'conventional medicine' to 'mainstream medicine'

9. Methods section: p7 second paragraph. Change 'masseurs' to 'massage therapists'

10. Methods section: p7 Study sites: Hospitals. point 2. should be followed with 'CAM programs dealing with ...'

11. Methods section: p10 second paragraph. Data 'were', not data 'was'

12. Results section: p12 second paragraph. 'Scope of health care practitioners' should be 'scope of health care practices'

13. Results section: p23 Third paragraph '... CAM therapies were offered in conjunction with the medical treatment that initially led to their hospitalisation'. Was it really the medical treatment that led to the hospitalisation?

Discretionary revisions

14. Title: The title could also refer to the CAM - psychology/social work alliance.

15. Methods section: p7 last paragraph. Could change 'body-based' and use a more usual term like physical therapies.

16. Results section: The section on p14 on case history and the quotation that followed 'I had no idea … addressed in therapy' (CHS2b) made me wonder about client confidentiality. Clearly details revealed to the CAM practitioner by the client had been shared with the health services manager. I assume that there was client consent although there was no mention of this.

17. The quotation at the bottom of p13, ‘CAM training … deficiencies and disease states’ could be moved to the section on health promotion.

18. Another suggestion, although not essential, is to combine the sections ‘care for the body’ in psychological trauma and ‘care for the body’ in chronic disease. There are too many quotations on p17. Also on p20, the quotation at the bottom of the page ‘Clients from particular ethic groups … recovery and healing’.

19. Results section: p27. First paragraph refers to knowledge proficiency of health service managers. How did they gain their knowledge proficiency?

20. Discussion: Discussion could sum up main findings to help the reader. For example, a brief summary could follow the first sentence on the top of p27.

**Level of interest:** An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.