Author's response to reviews

Title: The interface with naturopathy in rural primary health care: A survey of referral practices of general practitioners in rural and regional New South Wales, Australia

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Author's response to reviews: see over
We would like to thank the reviewers for their comments, which we believe have strengthened this article. We have provided specific responses to individual points raised by the reviewers (Reviewer 2 only, as they were the only one who requested revisions) below:

**Reviewer 2**

**Minor essential revisions**

1. While the results presented in Table 4 seem clear (Professional relationship with CAM provider) seem clear, the results section is not.

   Thank you for picking up this error. We had inverted the results from the Table as Odds Ratios below 1 are usually less intuitive for readers. We have corrected the manuscript as suggested, and have gone over all other OR to ensure they are correct.

**Minor discretionary revisions**

1. Please be careful in the use of the term significant, particularly if exact numbers aren’t used.

   We have amended the manuscript to change instances of ‘significance’ to other terms when not discussing statistical results.

2. I’m wondering if the authors have additional insight into the awkward issue of whether the GP personal relationship with other providers (which decrease rates) and the small community dynamics (which may increase referral) are not mutually exclusive or opposite.

   We thank the reviewer for their comments. We agree that these results pose interesting questions, and have added the following to the paragraph to highlight.

   These factors could, in turn, be potentially positive or potentially negative for naturopaths, as even though referral to naturopaths does appear to be negatively affected by the presence of other CAM provides, naturopaths may be partly insulated by these factors given they are the largest CAM profession in rural Australia, and may be present in locations where there are no other CAM providers [3]. Further investigation into the effects community factors have on CAM use and integration is warranted, as is further investigation of how communities navigate and interface between different CAM provider types.

3. In the second to last paragraph of discussion, could you please confirm if you are comparing the sample population with Australian demographics generally, or otherwise.

   The data is being compared to broader general practitioner data. We have amended the manuscript to make this clearer:

   Nevertheless, the demographics of the GPs in this study compared to broader national general practice demographics (being as they are drawn from rural and regional areas and exhibiting a higher proportion of females [25]) should be considered when generalising the study’s results to the broader Australian general practice population.

4. The second sentence in the final discussion paragraph needs rewording.

   We have amended the sentence to read the following:
Response bias could also have resulted as CAM is often a controversial issue in medical practice, and those GPs with particular strong views may have been more likely to participate.