Reviewer's report

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

Version: 1 Date: 20 December 2013

Reviewer: Kieran Cooley

Reviewer's report:

Major Revisions

Methods:
1. Discuss the informed consent process for participants and clarify whether participants were told that completion of questionnaire implied consent. If this had bearing on anonymity of participants, elaborate and discuss measures taken to manage any direct or indirect pressures that might influence the respondents.

Minor Revisions

Methods:
2. Describe how missing data was handled.
3. Discuss if there was an a priori plan and the likelihood ratio decision points to inform the logistic regression modeling. If other studies informed this model, please cite. To this reviewer, although not statistically significant, there seems to be enough of a signal that RMAA may influence some choices to warrant some inclusion/influence on the model. If incorrect, consider inclusion of explanatory or contextual statements in either methods, or discussion sections.

Results:
4. The authors claim that the low rate of referral (or willingness to refer) to a naturopath is not related to knowledge of a local practicing naturopath, but there is little data (shown) to support this. Please examine the validity of this statement, and if necessary, support it with more data other than the use of the statistic reported that 5.3% were unable to identify a naturopath. For example, if more than 1 response was possible in responding to the question, or if there is confidence that a physician who responds that they would never refer to a naturopath ALSO know a naturopath (to whom they would not refer). The difference here is the degree to which opportunity and belief are influencing the findings.

5. The numbers depicted in Table 1 do not align clearly with those portrayed by the categories (seldom or never) as described in RRMA breakdown in Table 2. This may be a lack of clarity in the definition of 'seldom or never' (does this include those that do not know a CAM practitioner? Those that have not, but would consider?) RRMA 7 appears to have only 3% of respondents that fit into the weekly/monthly and seldom/never. Is there a statistically significant number
of respondents who fit the RRMA 6 or & who simply do not know a naturopath (this is contrary to the claim that referral does not appear to be tied to lack of awareness of practitioners – perhaps this only holds true for some RMAA categories, or that the study’s power through response rates creates some limitations)?

Discussion

6. The authors claim that the low rate of referral (or willingness to refer) to a naturopath is not related to knowledge of a local practicing naturopath, but there is little data (shown) to support this. Please examine the validity of this statement, and if necessary, support it with more data other than the use of the statistic reported that 5.3% were unable to identify a naturopath. For example, if more than 1 response was possible in responding to the question, or if there is confidence that a physician who responds that they would never refer to a naturopath ALSO know a naturopath (to whom they would not refer). The difference here is the degree to which opportunity and belief are influencing the findings.

7. The numbers depicted in Table 1 do not align clearly with those portrayed by the categories (seldom or never) as described in RRMA breakdown in Table 2. This may be a lack of clarity in the definition of ‘seldom or never’ (does this include those that do not know a CAM practitioner? Those that have not, but would consider?) RRMA 7 appears to have only 3% of respondents that fit into the weekly/monthly and seldom/never. Is there a statistically significant number of respondents who fit the RRMA 6 or & who simply do not know a naturopath (this is contrary to the claim that referral does not appear to be tied to lack of awareness of practitioners – perhaps this only holds true for some RMAA categories, or that the study’s power through response rates creates some limitations)?

Tables and Figures

8. Table 2: describe the additional notation made beside the ‘n’ in the title.

9. Table 4: describe the drop in ‘n’ (12 fewer responses).

Discretionary Revisions

Methods:

10. Though the authors describe the questions making up the questionnaire, the highest standard for reporting studies recommends a link or a copy of the questionnaire (sometimes pre- and post-pilotted versions). If either is possible, that would increase the already high quality of reporting of this study. If the wording of the questions is, verbatim, depicted throughout the 4 tables, please draw the reader’s attention to this.

Results:

11. Predictive factors: check for typo in relation to use of peer-reviewed information (OR is 3.03 in abstract, 30.3 in text in Results section.

Discussion
12. In addition to competition, consider mentioning the eclectic nature of practices, perhaps making it difficult to feel reassured of who/what a patient is being referred to (Hechtman, Clinical Naturopathic Medicine 2012).

13. As limitation, discuss the assumption that GP’s ought (not) to be referring to naturopaths (or other CAM practitioner) for effective care. Referral is not necessary compulsory for effective shared or collaborative care.

**Level of interest:** An exceptional article

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.