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

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Reviewer: Antony Porcino

Reviewer's report:

Review: 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.

This article represents an interesting study of physician’s attitudes and referral patterns regarding naturopaths in one Australian state. The authors find there is low referral and interaction patterns between conventional physicians and naturopaths. Additionally, they find several predictive factors for such referrals and interactions, primarily included by CAM familiarity or use of CAM research.

General overall comments:

There are two broad issues that I would consider major compulsory revisions:

1) Throughout the article, there are references that make it seem like the authors are physicians concerned about an alarming rise of alternatives to physician dominance of the health care system, despite the mention of the issue in the discussion that would attempt to imply an objective perspective. For example, in the abstract, background, and discussion, there is mention of the “…increasingly significant part…”, “…significant presence of naturopathy…”, “…large therapeutic footprint…”, “…extensive presence…”, “…high presence…”, etc. Only once are actual figures provided: “…over 10% of women regularly consult with a naturopath or herbalist”. And while “…nearly half of the ‘primary-care capable’ non-medical CAM workforce…” may be naturopaths, this does not sound like the naturopath’s numbers are anywhere near the number of physicians in Australia. So why the emphasis on the size of the population as the driver for the need of this study and the framing of the results/discussion? The “significant implications for general practice and health care delivery in rural and regional Australia” are never cleanly articulated and thus also fail to be an effective driver of the purpose of this study.

Could we also get an explanation of why one referral a month would be considered “often”? This seems to be an extension of the same bias. Note that in the discussion, the overall rate of referral is called a, “relatively low level of referral.”
Finally, while I do believe that the scattered and disparate standards and professional bodies would suggest the need for unification of standards/training for a “primary health care” profession, the conclusion that further research into this is needed based on the topic and results of this study is completely unwarranted, and appears to be another Western physician bias—the “significant presence and high utilisation of naturopathy in rural primary health care” was never the topic of the study, nor was it studied.

2) The title begins with “The interface between...”. The authors identify a research gap regarding “the integration of naturopathy in rural and regional general practice in Australia.” However, the topic of the article and the actual research only explore physicians’ attitudes and referrals. This does not comprise an effective look at either the integration or the interface of these two professions. It is only a first step at looking at one side (note that the phrase, “exploring practice and referral patterns of GPs in relation to naturopaths” can also be interpreted as in the naturopath to GP direction; the language is not explicit). Another example of this conceptual bias is the phrase in the discussion: “…there is a relatively low interaction between naturopaths and rural GPs...” whereas that is actually just a statement based on the GP respondents, and is subjective.

Points to be addressed

Please note: we are asked to address several points, as well as organize our comments according to “major compulsory”, “minor essential” and “discretionary” revisions. In attempting to address both, it seemed cleaner to keep the “points to be addressed” as a general organizing structure, rather than keep revisiting specific areas of the manuscript with differing types of revisions. I therefore organized and highlighted under each point the type of revision suggested.

1. Is the question posed by the authors well defined?

As mentioned in #2 above, the build up to the question at the end of the discussion is implied to be referral patterns and attitudes between (“in relation to”) GPs and naturopaths. It needs to be clarified that this study is a one-way exploration focused on the physicians’ component of the question of how these two health care systems interact (practice and referral patterns of GPs regarding naturopaths). Is this part of a larger study? I would consider addressing this issue to be a compulsory revision.

I will not address in detail this framing issue further, but please be aware that it affects several other issues.

2. Are the methods appropriate and well described?

The methods reflect the one-way approach framing the study as per Point 1. For what was actually done, the methods were appropriate and well described. They are not appropriate for studying either the interface or the integration of these two health care professions. (assuming this would be fixed as part of addressing Point 1)
3. Are the data sound?
I have no concerns regarding the soundness of the data.

Minor essential revisions:

a) the distribution of the GPs is repeatedly referred to as “rural and regional”, yet the RRMA never refers to “regional” GPs, and in fact, for those of us not in Australia, rural would seem to be one type of region. As well, rural, by the RRMA is a middle category, so clear interpretation as what is meant is never possible (throughout, as I read, I made the assumption of rural and remote or urban as the dichotomized categories).

b) There is never a clear comparison between the respondents’ distribution and the actual population, or years of practice (both possible factors affecting response pattern) allowing us to clearly tell how different responders might be relative to the non-responders. The first paragraph of results dealing with this issue only mentions sex, age, and training location.

c) From the results section: “There was significant opposition to referral to naturopaths in rural general practice, with 48.8% (n=286)…”, which fits with the title of Table 1. However, two sentences previous, Table 1 is described as showing “the referral rates of rural and regional GPs”, and the total n of Table 1 (n=585) is actually the total number of respondents. As well, we never actual see data that describe the patterns of non-rural GPs or compare the two.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
BMC Complementary and Alternative Medicine does not have specific reporting guidelines regarding reporting standards. By and large, the data barely meet the general minimum expected reporting recommendations. For example, the Chi-Squared results (Tables 2 & 3, presumably) never include the X2 value or degrees of freedom.

Major compulsory revision

a) either fix, or address through writing the following issue: While Tables 2 and 3 make it easy to compare vertical variables (for example, in table 2, males to females, or the different age categories) for one category of the two categories of referral (weekly or monthly OR seldom or never), the tables do not allow any comparison for a single variable BETWEEN the two referral categories. For example, we cannot discern if there were more or fewer males who referred weekly or monthly relative to those who referred seldom or never.

Minor essential revision.
Update reporting of statistics to standard reporting expectations for each type of statistical test (modelling results seem fine).

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Major Compulsory revision:
a) Clarify when statements about GP’s explicitly refer only to rural GPs or to all GPs in the study; and b) what the results were for the GPs overall relative to the rural. Regarding this second concern, we learn much more about the rural GPs generally, and the lack of information about the GPs overall is puzzling. Later in the discussion we also see the phrase “The rural nature of this sample...” even though it was supposed to be of all the RRMA in the state. Because of the frequent swinging back and forth between the two groups in the discussion, the take-home message is considerably fragmented and unclear. HOWEVER: I am further confounded later by the statement: “increased level of referrals by rural and regional GPs to CAM providers as compared to their urban counterparts,...”, the first time it is suggested that the entire study was only of non-urban (non-metropolitan?) GPs, but that creates an astonishing cascade of other revisions because the methods did not clarify that the study was only non-metropolitan (or we were meant to understand that from the word “regional”), several statements throughout the manuscript appear to be made about GPs generally, and there is never any other discussion of the difference between the non-metropolitan and metropolitan GPs, even though that also seems to be an important issue (do metropolitan and non-metropolitan refer differently, and why only focus on non-metropolitan?)

b) Repeat from above regarding the conclusions: “Finally, while I do believe that the scattered and disparate standards and professional bodies would suggest the need for unification of standards/training for a “primary health care” profession, the conclusion that further research into this is needed based on the topic and results of this study is completely unwarranted, and appears to be another Western physician bias—the “significant presence and high utilisation of naturopathy in rural primary health care” was never the topic of the study, nor was it studied.” ADDITIONALLY: The authors also repeat the statements about high use of naturopathy and high presence—without ever convincing us of that state or providing adequate support, and which are not conclusions of this study—but which are used to drive all their statements in the conclusions, except the first sentence, the only which I consider a clear conclusion statement based on the work presented. Please include additional conclusions specifically about your results.

Discretionary revision

a) “further examination of differences in perception and attitudes of GPs to medical and non-medical practice of CAM may offer valuable insights into how these therapies are integrated in primary health care.” Such as?

6. Are limitations of the work clearly stated?

Yes. A reasonable attempt was made to consider the primary limitations of the work.

Discretionary revision

a) Please include a bit more about how response bias may affect the comparison of the respondents to GPs generally.
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

Yes. the references appear appropriate, and primary.

Discretionary revision:

a) Given the seeming push of reference 19 to under-gird some of the recommendations and concerns suggested in the background and discussion, a couple more references regarding #19’s topic would be helpful.

8. Do the title and abstract accurately convey what has been found?

I believe that if the other issues identified above have been addressed, then the title and abstract should accurately convey what has been found. Currently: “interface” and “regional” in the title present problems. “significant part”, “high utilisation”, “large therapeutic footprint”, “interface”, “regional” in the background and methods all present problems as described above. Finally, in the conclusions, “little interaction…between the naturopathic and GP communities”, “significant presence”, “high utilisation”, and the conclusion that the results should imply “increased research into naturopathy practice policy, and regulation” all present problems as described previously.

9. Is the writing acceptable?

Yes.

Thank you for the opportunity to review this interesting manuscript. I look forward to reading and learning from the final article.

**Level of interest:** An article of limited interest

**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.